Case 18-18599 Doc 1 Filed 06/29/18 Entered 06/29/18 15:22:14 Desc Main Document Page 1 of 75 The STATES BANKEUPTCY COUNTY

United States Bankruptcy Court for the:

Northern District of Illinois

Case number (If known):

Chapter you are filing under:

Chapter 11

Chapter 12

Chapter 13

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | art 1: Identify Yourself | | . 2 | |
|-------------|--|--|--|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture | Josie | | |
| | identification (for example, | First name | 111111111111111111111111111111111111111 | First name |
| | your driver's license or | Avonne | | |
| . , | passport). | Middle name | | Middle name |
| Ċ | Bring your picture | Griffin | | |
| | identification to your meeting with the trustee. | Last name | | Last name |
| | | Suffix (Sr., Jr., II, III) | | Suffix (Sr., Jr., II, III) |
| | | | | |
| , against l | indian personal transport transport to the contract of the con | The restriction of the section of th | one continued as larger physical content of the second | |
| 2. | All other names you | | | |
| | have used in the last 8 years | First name | | First name |
| | Include your married or maiden names. | Middle name | | Middle name |
| | | Last name | | Last name |
| | | First name | | First name |
| | | Middle name | | Middle name |
| | | Last name | | Last name |
| n-reas: | e eliterialis de filologico de la composição de la compos | e store i service i e esta i i indicenta e esta e e e e e e e e e e e e e e e e e e e | ত তথ্য । ই স্কৃত ভাই ভাইছে তথ্যসূত্ৰ মহাত হৈ এই | |
| | Only the last 4 digits of your Social Security | xxx - xx - <u>1 1 6 4</u> | <u> </u> | xxx - xx |
| | number or federal | OR | | OR |
| | Individual Taxpayer Identification number (ITIN) | 9 xx - xx | . | 9 xx - xx |

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| Lest Name Debtor 1: Ive not used any business and the second of the se | <u>,</u> | | About Debtor 2 (Spouse I have not used any but Business name EIN EIN | Only in a Joint C | |
|--|--|--|---|--|--|
| ve not used any bus | <u>,</u> | · | About Debtor 2 (Spouse I have not used any but Business name Business name | Only in a Joint C | |
| s name | iness names or E | Ns. | Business name Business name EIN | isiness names or I | ΞINs. |
| | | na mena t skalekovskim v amena | Business name EIN | | |
| is name | Die elektrologiest auf der geste der der der der der der der der der de | na mena e dalakasususinin e amba | EIN | | |
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| t i de actività de la companie de l | | ia ungas y pagasayasing siid | EIN | | |
| o ele acus d'Anguerra complaine de la Monta de la Monta de Persona de Venezia. | MASSELLA CARRESTANTES CASTALLES CONTRACTOR C | Den andere de la composition della composition d | *. | | |
| | | | If Debtor 2 lives at a diff | ferent address: | |
| 13 S. Wabash er Street | | | Number Street | | |
| on | IL State | 60419 ZIP Code | City | State | ZIP Code |
| o k | | | County | | |
| fitt it in here. Note | e that the court wi | the one Il send | if Debtor 2's mailing at | te that the court w | it from ill send |
| per Street | | | Number Street | | |
| Вох | | | P.O. Box | | |
| | State | ZIP Code | City | State | ZIP Code |
| have fived in this disother district. I have another reaso | strict longer than ii n. Explain. | petition, | I have lived in this dother district. | on. Explain. | is petition, in any |
| | r Street k r mailing address e, fill it in here. Not otices to you at this er Street Sox Over the last 180 day have lived in this dis other district. | IL State k Ir mailing address is different from the period of the peri | IL 60419 State ZIP Code k Ir mailing address is different from the one e, fill it in here. Note that the court will send otices to you at this mailing address. er Street Sox State ZIP Code Over the last 180 days before filing this petition, have lived in this district longer than in any other district. | IL 60419 State ZIP Code County If Debtor 2's mailing address is different from the one e, fill it in here. Note that the court will send otices to you at this mailing address. For Street Street Street Street Street Street Check one: Check one: Over the last 180 days before filing this petition, have lived in this district longer than in any other district. Check one: I have another reason. Explain. | IL 60419 State ZIP Code K County If Debtor 2's mailing address is different from the one p., fill it in here. Note that the court will send otices to you at this mailing address. If Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different yours, fill it in here. Note that the court wany notices to this mailing address. In Debtor 2's mailing address is different from the yours, fill it in here. Note that the court wany notices to this mailing address. |

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| a | rt 2: Tell the Court Abou | t Your Ba | nkrup | tcy Case | | | | |
|-----------|---|---|--|-----------------------------------|---|--|---|--|
| | The chapter of the Bankruptcy Code you | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | are choosing to file | Chap | ter 7 | | • | | | |
| | under | ☐ Chap | ter 11 | | | | | |
| | | ☐ Chap | ter 12 | | • | | | |
| | | ☐ Chap | ter 13 | | nga ang pangkang kanggang at ting kanggang at ting at | ummar en | HOCK I TYTY LAIN I RAGII PURA SAVARAN PARAMANLAI ZA NIO-1111 WARRA CALIMAIN PURA AH PARAMANTAI MARINAI PARAMAN | |
| 3. | How you will pay the fee | local yours subm with | I will pay the entire fee when I file my petition. Please check with the clerk's office i local court for more details about how you may pay. Typically, if you are paying the fer yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or c with a pre-printed address. | | | | | |
| | | ☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). | | | | | | |
| | | By la less | w, a ju than 15 | dge may, but is not | t required to, v poverty line that you choose th | vaive your fee, a at applies to you is option, you m | on only if you are filing for Chapter 7 and may do so only if your income is a family size and you are unable to ust fill out the Application to Have the with your petition. | |
| }. | Have you filed for | □ No | | | | | | |
| | bankruptcy within the last 8 years? | 🛮 Yes. | District | IL Northern | When | 11/21/2014 MM / DD / YYYY | Case number 14-42122 | |
| | • | | District | | When | | Case number | |
| | | | District | | | MM / DD / YYYY | | |
| | | | District | | When | MM / DD / YYYY | Case number | |
| | . Are any bankruptcy | ☑ No | | | | | | |
| 10 | cases pending or being | | Debtor | | | | Relationship to you | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an | | | | | | Case number, if known | |
| | affiliate? | | Debtor | | | | Relationship to you | |
| | | | District | | When | MM / DD / YYYY | Case number, if known | |
| 11 | i. Do you rent your residence? | ☐ No. ☑ Yes. | Go to | line 12. our landlord obtained | an eviction jud | gment against you | ? | |

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| Debtor 1 Josie A. First Name Middle Na. | Griffin Case number (if known) |
|---|---|
| 1000000 | |
| Part 3: Report About Any | Businesses You Own as a Sole Proprietor |
| 2. Are you a sole proprietor | ☑ No. Go to Part 4. |
| of any full- or part-time business? | Yes. Name and location of business |
| A sole proprietorship is a business you operate as an | Name of business, if any |
| individual, and is not a separate legal entity such as | Name of Business, it any |
| a corporation, partnership, or LLC. | Number Street |
| If you have more than one sole proprietorship, use a | |
| separate sheet and attach it to this petition. | City State ZIP Code |
| | City . |
| | Check the appropriate box to describe your business: |
| | Health Care Business (as defined in 11 U.S.C. § 101(27A)) |
| | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | Stockbroker (as defined in 11 U.S.C. § 101(53A)) |
| | Commodity Broker (as defined in 11 U.S.C. § 101(6)) |
| | ☐ None of the above |
| Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |
| 11 0.0.0.3 10 (0.0) | Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part 4: Report if You Own | or Have Any Hazardous Property or Any Property That Needs Immediate Attention |
| 4. Do you own or have any | ☑ No : |
| property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? | Yes. What is the hazard? |
| Or do you own any property that needs immediate attention? | If immediate attention is needed, why is it needed? |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | |
| | Where is the property? Number Street |
| | |
| | City State ZIP Code |

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| Josie | Α. | Griffin | |
|------------|--------|---------|-----------|
| First Name | Middle | Name | Last Name |

| Case number (if known) | |
|------------------------|--|
|------------------------|--|

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About D | ebtor 1 |
|---------|---------|
|---------|---------|

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
 - Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ш | I am not required | i to | rece | ive | a br | ieting | abou |
|---|-------------------|------|-------|------|------|--------|------|
| | credit counseling | g be | ecaus | se o | f: | | |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| l am | not | required | l to | receive | а | briefing | about |
|------|-------|----------|------|----------|-----|----------|-------|
| cred | it co | unseling | g b | ecause (| of: | | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after to

reasonably tried to do so.

Active duty. I am currently on active military

duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Debtor | 1 Josie A. First Name Middle Nam | Griffin ne Last Name | Case number (#) | (nown) | | | | |
|---|--|---|---|---|--|--|--|--|
| | | | | | | | | |
| Part | 6: Answer These Que | stions for Reporting Purpose | 9 \$ | | | | | |
| | hat kind of debts do | 16a. Are your debts primari as "incurred by an individua | ly consumer debts? Consumer de I primarily for a personal, family, or ho | ebts are defined in 11 U.S.C. § 101(8) usehold purpose." | | | | |
| yc | ou Haver | No. Go to line 16b. Yes. Go to line 17. | No. Go to line 16b. | | | | | |
| | | | ly business debts? Business debt: estment or through the operation of the | | | | | |
| | | No. Go to line 16c. Yes. Go to line 17. | | | | | | |
| | | 16c. State the type of debts you | owe that are not consumer debts or be | usiness debts. | | | | |
| | e you filing under napter 7? | ☐ No. I am not filing under Cha | apter 7. Go to line 18. | от техничного под подоводительного под под под под под под под под под по | | | | |
| an ex ad are av | o you estimate that after y exempt property is cluded and iministrative expenses e paid that funds will be allable for distribution unsecured creditors? | administrative expenses No | r 7. Do you estimate that after any exe are paid that funds will be available to | empt property is excluded and odistribute to unsecured creditors? | | | | |
| yo | ow many creditors do u estimate that you ve? | ☐ 1-49 ☑ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than 100,000 | | | | |
| es | w much do you timate your assets to worth? | ✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000 ☐ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| est to | w much do you timate your liabilities be? | □ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | |
| Part 7 | | | I declare under penalty of perjury that | t the information provided is true and | | | | |
| For yo | ou | | pter 7, I am aware that I may proceed, inderstand the relief available under ea | if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed | | | | |
| | | | I did not pay or agree to pay someone and read the notice required by 11 U.S.C | who is not an attorney to help me fill out C. § 342(b). | | | | |
| | | · | the chapter of title 11, United States (| · · | | | | |
| | | I understand making a false stater with a bankruptcy case can result 18 U.S.C. \$\$ 152, 1341, 1519, an | In fines up to \$250,000, or imprisonme | g money or property by fraud in connection ent for up to 20 years, or both. | | | | |
| | | Signature of Debtor 1 Executed on | Signatur | re of Debtor 2 | | | | |
| AMERICAN AND AND THE PROPERTY OF THE PROPERTY | estado historio proporte i a Time a Millor de Constitución de la comprehensiva por la colonia y constante de c | MM / DD /YY | YY | MM / DD /YYYY | | | | |

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| otor 1 JUSIE A. C | e Last Name | | |
|--|---|--|--|
| r your attorney, if you are presented by one you are not represented an attorney, you do not ed to file this page. | I, the attorney for the debtor(s) named in this p to proceed under Chapter 7, 11, 12, or 13 of tit available under each chapter for which the perthe notice required by 11 U.S.C. § 342(b) and, knowledge after an inquiry that the information | etition, declare that I have intended in the etal, united States Code, also is eligible. I also certify the acase in which § 707(b)(4) | formed the debtor(s) about eligibility nd have explained the relief hat I have delivered to the debtor(s 4)(D) applies, certify that I have no |
| ed to me this page. | * | Date | |
| | Signature of Attorney for Debtor | | MM / DD /YYYY |
| | Printed name | ······································ | , , , letter de de constant de la co |
| | Timed fame | | |
| | Firm name | | |
| | | | |
| | Number Street | | |
| | | | |
| | City | State | ZIP Code |
| | Control above | Email address | |
| | Contact phone | Email address | |
| | | State | _ |
| | Bar number | State | |
| | | | |

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| Debtor 1 Josie A. First Name Middle | Griffin Case number (if known) |
|---|---|
| For you if you are filing the bankruptcy without an attorney | The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney. |
| If you are represented by an attorney, you do not need to file this page. | To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay. |
| | You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned. |
| | If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. |
| | Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences? |
| | ☐ No ☑ Yes |
| | Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned? |
| | □ No ☑ Yes |
| | Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms? |
| | Yes. Name of Person |
| | By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case. |
| | Signature of Debtor 1 Date MM / DD / YYYY Date MM / DD / YYYY MM / DD / YYYYY |
| | Contact phone 708-800-5014 Contact phone |
| | Cell phone Cell phone |
| | Email address Email address |
| | WYGHOW: COVV |

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| Fill in this in | nformatio | on to i | dentify yo | ur case: | | |
|---------------------|------------|---------|-------------|-----------------------------|-----------|--|
| Debtor 1 | Josie | Α. | Griffin | | | |
| | First Name | | | Middle Name | Last Name | |
| Debtor 2 | | | | | | |
| (Spouse, if filing) | First Name | | | Middle Name | Last Name | |
| United States | Bankruptc | y Court | for the: No | rthern District of Illinois | | |
| Case number | (14) | | | | | |
| | (if known) | | | | | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you own |
|--|---------------------------------------|
| Schedule A/B: Property (Official Form 106A/B) | s 0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | · · · · · · · · · · · · · · · · · · · |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$600.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$600.00 |
| Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$3,566.00 |
| Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 118,868.00 |
| Your total liabilities | \$ <u>122,434.00</u> |
| art 3: Summarize Your Income and Expenses | |
| Schedule I: Your Income (Official Form 106I) | s 2,281.00 |
| Copy your combined monthly income from line 12 of Schedule I | \$ |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | , 2,262.00 |

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Josie A.

Debtor 1

Griffin

| First Name Middle Name Last Name | | Case number (if known) | |
|---|---|--|--|
| First Name Middle Name Last Name | | · · · · · · · · · · · · · · · · · · · | |
| Part 4: Answer These Questions for Administra | tive and Statistical Bases | م قد | |
| | | 45 | |
| 6. Are you filing for bankruptcy under Chapters 7, 11, or | | | |
| ☑ No. You have nothing to report on this part of the form☑ Yes | Check this box and submit this | s form to the court with your othe | er schedules. |
| 7. What kind of debt do you have? | A STAN OF THE CONTRACT AND | intermental de la Company | A MARTIN MER KATANAN MILITAN TERPENJERA PARI METATI METATI METATI METATI METATI METATI METATI METATI METATI ME |
| Your debts are primarily consumer debts. Consum family, or household purpose." 11 U.S.C. § 101(8). Fill | er debts are those "incurred by a lout lines 8-9g for statistical pur | an individual primarily for a perso poses, 28 U.S.C. § 159. | onal, |
| Your debts are not primarily consumer debts. You this form to the court with your other schedules. | have nothing to report on this pa | art of the form. Check this box a | nd submit |
| 8. From the Statement of Your Current Monthly Income: | Copy your total current monthly | income from Official | 6473993 Helemikist Mareken kerzeteksi Hele ikelimiki ya di disokenzetiksi keda ketazati kelemente |
| Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form | 122C-1 Line 14. | | \$2,553.00 |
| орожина доставления от выбраждения в общения в подоставления общения в подоставления в подоставления в подоста Ставить в подоставления в подоста | and the state of the | المراقب المراقب المؤود المناقب | k Agir Agir Agus Ag y wellin Theograms - spreed Luding Armens Agreein Agraph (Litheath Mil) as ag team A |
| 9. Copy the following special categories of claims from P | art 4, line 6 of Schedule E/F: | | |
| | | Total claim | |
| From Part 4 on Schedule E/F, copy the following: | | Property of the Control of the Contr | |
| 9a. Domestic support obligations (Copy line 6a.) | | \$0.00 | |
| 9b. Taxes and certain other debts you owe the government | t. (Copy line 6b.) | \$0.00 | |
| 9c. Claims for death or personal injury while you were intox | dicated. (Copy line 6c.) | \$ | |
| 9d. Student loans. (Copy line 6f.) | | \$48,455.00 | |
| Obligations arising out of a separation agreement or div priority claims. (Copy line 6g.) | orce that you did not report as | \$0.00 | |
| 9f. Debts to pension or profit-sharing plans, and other simil | ar debts. (Copy line 6h.) | + \$0.00 | |
| 9g. Total. Add lines 9a through 9f. | | \$48,455.00 | |
| | | | |

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| Fill in this in | nformation to ider | tify your case and this | filing: | | | |
|---|----------------------|-----------------------------|---|--|--|---------------------------------|
| Debtor 1 | | Griffin | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | |
| (Spouse, if filing) |) First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for | the: Northern District of I | llinois | | | |
| Case number | - 1717411-1-1 | | | | | _ |
| *************************************** | | | *************************************** | | | Check if this is amended filing |
| Official | Form 106/ | √B | | | | aonada min |
| | | | | | | |

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| No. Go to Part 2. Yes. Where is the property? | | · | |
|---|---|--|---------------------------------------|
| Street address, if available, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured clause amount of any secure Creditors Who Have Claim | d claims on Schedule D: |
| | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | Land Investment property | \$ | \$ |
| City State ZIP Code | Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | Who has an interest in the property? Check one. | | |
| County | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co | mmunity property |
| Jown or have more than one, list here: | Other information you wish to add about this it property identification number: | | |
| Street address, if available, or other description | What is the property? Check all that apply. ☐ Single-family home ☐ Duplex or multi-unit building | Do not deduct secured cla the amount of any secured Creditors Who Have Clain | i claims on Schedule D: |
| Officer address, if available, of other description | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| | Land Investment property | \$ | \$ |
| | - mrossnone proporty | Describe the nature of interest (such as fee s | simple, tenancy by |
| City State ZIP Code | ☐ Timeshare ☐ Other | the entireties, or a life | |
| City State ZIP Code | ☐ Timeshare ☐ Other Who has an interest in the property? Check one. | the entireties, or a life | |
| City State ZIP Code | Timeshare Other | Check if this is con (see instructions) | |

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| ebtor | | | Case number (# | | |
|--|--|---|---|---|--|
| | rust Name with | ldie Name Last N | ame · · | | |
| | and the | | What is the property? Check all that apply. | Do not deduct secured c | laims or exemptions. Put |
| 1.3 | 3 | | Single-family home | the amount of any secure Creditors Who Have Clai | ed claims on <i>Schedule D</i> |
| | Street address, if availab | ole, or other description | Duplex or multi-unit building | The office of the green and regular to the second | o to the state the experience of the collection and the first of the state of the s |
| | | | Condominium or cooperative | Current value of the entire property? | Current value of ti portion you own? |
| | | | | \$ | \$ |
| | | | investment property | Y | Ψ |
| | City | State ZIP Cod | | Describe the nature | |
| | | | Other | interest (such as fee the entireties, or a lif | |
| | | | Who has an interest in the property? Check one. | *************************************** | |
| | County | | Debtor 1 only | | |
| | , | | Debtor 2 only | Date to the second | |
| | | | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Check if this is co | mmunity property |
| | | | | , | |
| | | | Other information you wish to add about this its property identification number: | em, such as local | |
| N 44 | the dellar value of the | nartion you our fo | | , | |
| | | | r all of your entries from Part 1, including any entrie er here | | \$0.0 |
| | | | | | |
| you | own, lease, or have leg | gal or equitable inte | rest in any vehicles, whether they are registered or a cicle, also report it on Schedule G: Executory Contracts a | not? Include any vehicles and Unexpired Leases. | 3 |
| own Cars | own, lease, or have leg that someone else drive s, vans, trucks, tractors | gal or equitable inte es. If you lease a veh | icle, also report it on Schedule G: Executory Contracts | not? Include any vehicles and Unexpired Leases. | S |
| you own Cars | own, lease, or have leg that someone else drive s, vans, trucks, tractors | gal or equitable inte es. If you lease a veh | icle, also report it on Schedule G: Executory Contracts | not? Include any vehicles and Unexpired Leases. | S |
| own cars | own, lease, or have leg that someone else drive s, vans, trucks, tractors | gal or equitable inte es. If you lease a veh s, sport utility vehicl | icle, also report it on Schedule G: Executory Contracts of es, motorcycles | and Unexpired Leases. | n sed sindan nedabbah |
| own ars | own, lease, or have legal that someone else drives, vans, trucks, tractors loves | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy | icle, also report it on Schedule G: Executory Contracts of es, motorcycles Who has an interest in the property? Check one. | and Unexpired Leases. Do not deduct secured clathe amount of any secure | ims or exemptions. Put d claims on <i>Schedule D:</i> |
| own cars | own, lease, or have legal that someone else drivers, vans, trucks, tractors loves Make: Model: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala | icle, also report it on Schedule G: Executory Contracts a es, motorcycles Who has an interest in the property? Check one. Debtor 1 only | and Unexpired Leases. Do not deduct secured cla | ims or exemptions. Put d claims on <i>Schedule D:</i> |
| own cars | own, lease, or have legal that someone else drives, vans, trucks, tractors to design the second of t | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy | icle, also report it on Schedule G: Executory Contracts a es, motorcycles Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the | ims or exemptions. Put I claims on Schedule D: Is Secured by Property. Current value of th |
| own cars | own, lease, or have legal that someone else drivers, vans, trucks, tractors loves Make: Model: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala | icle, also report it on Schedule G: Executory Contracts a es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | and Unexpired Leases. Do not deduct secured clathe amount of any secured Creditors Who Have Claim | ims or exemptions. Put I claims on Schedule D Is Secured by Property. |
| own cars | own, lease, or have legal that someone else drives, vans, trucks, tractors to design the second of t | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala | icle, also report it on Schedule G: Executory Contracts a es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property? | ims or exemptions. Put I claims on Schedule D: Is Secured by Property. Current value of th portion you own? |
| own ars | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the | ims or exemptions. Put d claims on Schedule D. as Secured by Property. Current value of th portion you own? |
| own cars | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala | icle, also report it on Schedule G: Executory Contracts a es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property? | ims or exemptions. Put d claims on Schedule D. as Secured by Property. Current value of th portion you own? |
| you own cars l l l l l l | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the entire property? | ims or exemptions. Put I claims on Schedule D: Is Secured by Property. Current value of th portion you own? |
| you own cars | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any securec Creditors Who Have Claim Current value of the entire property? \$ 1,500.00 | ims or exemptions. Put I claims on Schedule D: s Secured by Property. Current value of th portion you own? \$ 0.00 |
| you own Cars I N Y 3.1. | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts of es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 1,500.00 Do not deduct secured claithe amount of any secured | ims or exemptions. Put I claims on Schedule D. is Secured by Property. Current value of the portion you own? \$ 0.00 Ims or exemptions. Put claims on Schedule D: |
| you own Cars I N Y 3.1. | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 1,500.00 | ims or exemptions. Put I claims on Schedule D: is Secured by Property. Current value of the portion you own? \$ 0.00 ims or exemptions. Put claims on Schedule D: |
| you own Cars I N Y | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any securec Creditors Who Have Claim Current value of the entire property? \$ 1,500.00 Do not deduct secured claithe amount of any secured Creditors Who Have Claim Current value of the | ims or exemptions. Put I claims on Schedule D: Is Secured by Property. Current value of the portion you own? \$ 0.00 Ims or exemptions. Put claims on Schedule D: Is Secured by Property. Current value of the |
| you own Cars I N Y 3.1. | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? \$ 1,500.00 Do not deduct secured claithe amount of any secured Creditors Who Have Claim | ims or exemptions. Put d claims on Schedule D: s Secured by Property. Current value of th portion you own? \$ 0.00 ims or exemptions. Put claims on Schedule D: is Secured by Property. |
| Own Cars N 3.1. | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: I own or have more than Make: Model: Year: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any securec Creditors Who Have Claim Current value of the entire property? \$ 1,500.00 Do not deduct secured claithe amount of any secured Creditors Who Have Claim Current value of the | ims or exemptions. Put of claims on Schedule D: is Secured by Property. Current value of the portion you own? \$ 0.00 Ims or exemptions. Put claims on Schedule D: is Secured by Property. Current value of the |
| you own Cars I N | own, lease, or have legal that someone else drivers, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: I own or have more than Make: Model: Year: Approximate mileage: | gal or equitable inte es. If you lease a veh s, sport utility vehicl Chevy Impala 2011 | icle, also report it on Schedule G: Executory Contracts at es, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any securec Creditors Who Have Claim Current value of the entire property? \$ 1,500.00 Do not deduct secured claithe amount of any secured Creditors Who Have Claim Current value of the | ims or exemptions. Put of claims on Schedule D: is Secured by Property. Current value of the portion you own? \$ 0.00 Ims or exemptions. Put claims on Schedule D: is Secured by Property. Current value of the |

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Case number (if known)_

Josie A. Griffin

Debtor 1

| 3.3. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | aims or exemptions. Put |
|---|--|--|--|---|
| Ş.S. | Model: | Debtor 1 only | the amount of any secure | d claims on Schedule D: |
| | | Debtor 2 only | Creditors Who Have Clair | ns secured by Property. |
| | Year: | Debtor 1 and Debtor 2 only | Current value of the | |
| | Approximate mileage: | At least one of the debtors and another | entire property? | portion you own? |
| | Other information: | | ¢. | e e |
| | | ☐ Check if this is community property (see instructions) | Φ | Ф <u></u> |
| 3.4. | Make: | Who has an interest in the property? Check one. | Do not deduct secured cla | |
| | Model: | Debtor 1 only | the amount of any secure Creditors Who Have Clair | d claims on Schedule D: ns Secured by Property. |
| | Year: | Debtor 2 only | | |
| | | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Approximate mileage: | At least one of the debtors and another | www.proposty. | paraen jan em |
| | Other information: | | \$ | \$ |
| | | Check if this is community property (see instructions) | Ψ | Ψ |
| xan 1 N | ples: Boats, trailers, motors, persona o | s and other recreational vehicles, other vehicles, and acces al watercraft, fishing vessels, snowmobiles, motorcycle accesso | | |
| xam 1 N 1 Y | ples: Boats, trailers, motors, persona o | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | d claims on Schedule D: |
| <i>Ž</i> N | Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured cla the amount of any secure Creditors Who Have Clain Current value of the | d claims on Schedule D: ns Secured by Property. Current value of the |
| Ž N J Y | Make: Model: Year: Other information: own or have more than one, list here | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) | Do not deduct secured clathe amount of any secured Creditors Who Have Claim Current value of the entire property? | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| ixam N N N N N N N N N N N N N N N N N N N | Make: Other information: Own or have more than one, list here | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured cla the amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured cla the amount of any securer | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| you | Make: Model: Year: Other information: own or have more than one, list here | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured cla the amount of any securer Creditors Who Have Clain Current value of the entire property? \$ Do not deduct secured cla | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| ixam N N Y | Make: Model: Year: Other information: own or have more than one, list here Make: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the | claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ |
| x <i>am</i> N N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Make: Model: Own or have more than one, list here Make: Model: Model: Model: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ ims or exemptions, Put d claims on Schedule D: ns Secured by Property. |
| x <i>am</i> N N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Make: Model: Year: Own or have more than one, list here Make: Model: Year: Year: | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$ ims or exemptions, Put d claims on Schedule D: ns Secured by Property. Current value of the |
| you | ples: Boats, trailers, motors, persona o es Make: Model: Year: Other information: who or have more than one, list here Make: Model: Year: Other information: | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this is community property? Check one. Check if this is community property (see | Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ Do not deduct secured clathe amount of any securer Creditors Who Have Claim Current value of the entire property? \$ | current value of the portion you own? Secured by Property. Current value of the portion you own? Lims or exemptions, Put I claims on Schedule Dies Secured by Property. Current value of the portion you own? |

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Debtor 1

| losie | Α. | Griffin |
|-------|----|----------|
| 00.0 | , | O.,,,,,, |

Middle Name Last Name

Case number (if known)_

| | Comment and the set Abo |
|---|--|
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| ☐ No ☐ Yes. Describe Furniture | \$ 200.00 |
| 7. Electronics | and the state of |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games | |
| ☑ No | Militari i dendina i industri della dira |
| Yes. Describe | \$ |
| 8. Collectibles of value | |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | |
| Yes. Describe | \$ |
| 9. Equipment for sports and hobbies | |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments | |
| ✓ No ☐ Yes. Describe | |
| Tes. Describe | \$ |
| 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No | MANAGORI ENGLIS |
| Yes. Describe | \$ |
| 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No | and and the policy of the Control of |
| Yes. Describe Clothes | \$ |
| 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver | |
| ☑ No ☐ Yes. Describe | \$ |
| 13. Non-farm animals Examples: Dogs, cats, birds, horses | |
| ☑ No | the state of the s |
| Yes. Describe | \$ |
| 14. Any other personal and household items you did not already list, including any health aids you did not list | |
| ☑ No | and the same of th |
| Yes. Give specific information | \$ |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached | \$ 600.00 |

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Document

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Debtor 1

Josie A. Griffin

Last Name

Case number (if known)_

| Do you own or have any | / legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|---|---------------------------------|--|
| 16. Cash <i>Examples:</i> Money you | ı have in your wallet, in your hor | ne, in a safe deposit box, and | on hand when you file your peti | tion |
| ☑ No | | | | |
| | | | Cash: | ····· \$ |
| | savings, or other financial accou similar institutions. If you have m | | | houses, |
| ☑ Yes | | Institution name: | | |
| | 17.1. Checking account: | Chase Bank | | \$\$ |
| | 17.2. Checking account: | | | <u> </u> |
| | 17.3. Savings account: | | | \$ |
| | 17.4. Savings account: | | | \$ |
| | 17.5. Certificates of deposit: | *************************************** | | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account: | | | \$ |
| | 17.9. Other financial account: | | | · · · · · · · · · · · · · · · · · · · |
| | | | | |
| | or publicly traded stocks , investment accounts with broke | erage firms, money market acc | counts | |
| ☐ Yes | Institution or issuer name: | | | |
| | | | | <u> </u> |
| | | · · · · · · · · · · · · · · · · · · · | .,,, | <u> </u> |
| | | | | \$ |
| | | | | |
| | stock and interests in incorpor | rated and unincorporated bu | isinesses, including an intere | st in |
| | | | N . f | |
| Non-publicly traded s an LLC, partnership, No | • | | % of owners | hip: |
| an LLC, partnership, ✓ No ✓ Yes. Give specific | Name of entity: | | 0% | hip: _% |
| an LLC, partnership, No | Name of entity: | | 004 | |

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| Debtor 1 Josie A. | Griffin | | Case number (if known) | |
|--|---|--|---|--|
| First Name | Middle Name | Last Name | Case Humber (Ir known) | |
| | | | | |
| | | | | and the state of t |
| | | her negotiable and non-negotia | | |
| Non-negotiable instrum | ents are those you c | cks, cashiers' checks, promissor annot transfer to someone by sig | ry notes, and money orders, mina or deliverina them. | |
| ☑ No | | , 0 | g a series | |
| Yes. Give specific | Issuer name: | | , | |
| information about | iodesi rame. | , | . • | |
| them | | | | <u> </u> |
| | | | | <u> </u> |
| | | | | \$ |
| | | | | |
| Retirement or pension Fromples: Interests in III | | (04/l) 400/l) # 10 | | |
| No No | RA, ERISA, Reogn, A | O1(K), 403(D), thππ savings acco | punts, or other pension or profit-sharing | plans |
| Yes. List each | | | | |
| account separately. | Type of account: | Institution name: | | |
| | 40403 | | | |
| | 401(k) or similar plan: | THE | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | Pension plan: | 44444 | | \$ |
| | IRA: | | | \$ |
| | Retirement account: | | | \$ |
| | Keogh: | | | |
| | Additional account: | | | <u> </u> |
| | Additional account; | | | <u> </u> |
| | Additional account: | | | \$ |
| Your share of all unused Examples: Agreements v companies, or others | deposits you have n with landlords, prepai | nade so that you may continue se d rent, public utilities (electric, ga | ervice or use from a company is, water), telecommunications | |
| - | I m. | 474, 474, 474, 444, 444, 444, 444, 444, | | |
| ☐ Yes | | stitution name or individual: | | |
| | Electric: | | | \$ |
| | Gas: | | | |
| | Heating oil: | | | <u> </u> |
| | Security deposit on rer | tal unit: | | \$ |
| | Prepaid rent: | | | \$ |
| | Telephone: | | | |
| | Water: | | | • |
| | Rented furniture: | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | | — |
| | Other: | | | \$ |
| | | | | \$ |
| Annuities (A contract for | a neriodic navment o | of money to you, either for life or f | for a number of war-1 | |
| No No | а репосто рауттели (| a money to you, either for life of t | or a number of years) | |
| — | | | | |
| ☐ Yes | Issuer name and desc | ription: | | |
| | | | | \$ |
| | | | | <u> </u> |
| | | | | ¢ |

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| Deptoi i | losie | Α. | Griffin | | | Case numb | er (if known) | |
|-------------------------------------|-------------------------|---------|--|--|--|--|--|---|
| | First Name | | Middle Name | Last Name | | | | |
| A Interests in | n an adı | ıcatio | on ìR∆in a⊓ | n account in a qualified | d ARI E program (| or under a qualified | state tuition program | |
| | | | 529A(b), and | | a rimam programs | or unwer a quantion | otato tamon program | |
| 🗹 No | | | | | | | | |
| ☐ Yes | *********** | | Institu | ution name and descript | tion. Separately file | the records of any int | terests.11 U.S.C. § 52 | 1(c): |
| | | | | | - | | | \$ |
| | | | ************************************** | | *************************************** | | | - |
| | | | | | | | | - \$ |
| | | | | | | | | ************************************** |
| | | | | s in property (other tha | an anything listed | in line 1), and rights | s or powers | |
| exercisable | e for yo | ur be | enefit | | | | | |
| Ø No | | | forthermore or one of the transfer | hant and a single for the second and the second state of the second state of the second state of the second sta | . The art of the transfer of the state of th | ANTERIOR STATE AND STATE WAS RECORDED FOR THE STATE OF TH | a a a a a a a a a a a a a a a a a a a | |
| ☐ Yes. Gi informa | | | em | | | | | \$ |
| IIIIOIIIIa | 11011 020 | | <u> </u> | The state of the s | | | | |
| | | | | ade secrets, and other | | | | |
| • | Internet | doma | ain names, w | ebsites, proceeds from | royalties and licens | ing agreements | | |
| ☑ No | | | | | manufacture of the second contract of the sec | and the second s | | agent as mong |
| Yes. Giv | | | am. | | | | | \$ |
| II IIQI II II | lion abo | ut u ie | \$()4 | | | atomic constitution of the state of the stat | e arium 195 998-989 97-1990 e se a come a modern describent accessivation accessivation | \ |
| 7. Licenses, f | ranchis | es, a | ind other ge | neral intangibles | | | | |
| | | | | e licenses, cooperative a | association holdings | s, liquor licenses, pro | fessional licenses | |
| ☑ No | | | | | | | | |
| Yes. Giv | | | | | | | | |
| informat | tion abo | ut the | em | | | est a a konstant de esta de la estatenta estatent estaten estaten estaten estaten estaten estaten estaten esta | | \$ |
| Money or prop | serty ou | vad f | 0.0012 | | 2.0 | | | Current value of the |
| noney or prop | Jeily Ov | veu t | o you: | | | | | portion you own? |
| | | | | | | | | Do not deduct secured claims or exemptions. |
| 8. Tax refunds | hawa s | to vo | MI) | | | | | |
| Ø No | 3 OWEG | io yo | ,u | | | | | |
| Yes. Giv | ve speci | fic inf | formation | Security of the security of th | | n et men melen særete som som til meter fra progresse steps meter som til meter som til meter som til meter som | Federal: | ¢ |
| abo | out then | n, incl | luding whethe | эг | | | State: | \$ |
| | | | the returns | | | | Local: | \$ |
| | | | | ! ! | | | Local. | 4 |
| | | | | | | | | |
| 9. Family sup Examples: F | port ⊇ast dua | e or li | ımo sum alim | nony, spousal support, c | child support, mainte | enance, divorce settle | ement, property settlen | nent |
| ☑ No | 401 441 | , ,, ,, | , | | | | | |
| | ve speci | fic inf | formation | | | to the service and the second | | |
| | | | | : | | | Alimony: | \$ |
| | | | | | | | Maintenance: | \$ |
| | | | | <i>i</i> | | | Support: | \$ |
| | | | | | | | Divorce settlement: | \$ \$ |
| | | | | ANY A THE STREET | graph (AN) is a second | n a de la company | Property settlement: | * |
| D. Other amou Examples: \ | Jnpaid v | vage: | s, disability in | nsurance payments, disa npaid loans you made to | ability benefits, sick to someone else | pay, vacation pay, w | vorkers' compensation | |
| ☑ No | | | | the form of companying property and the companying companying the companying | e and a state of the state of t | han dan hara ang da panga yang manganah saman an ana ana an an an an an an an an an | magazini, physipheria a physika a magazini magazini physika ph | max No. 1984 |
| Yes. Giv | ve speci | fic inf | ormation | | | | | |
| | | | | | | | | * |

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Griffin

Josie

Debtor 1

First Name Last Name 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☑ No Yes. Name the insurance company Surrender or refund value: Beneficiary: Company name: of each policy and list its value. 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No Yes. Give specific information..... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☑ No Yes. Describe each claim. 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☑ No Yes. Describe each claim..... 35. Any financial assets you did not already list Z No ☐ Yes. Give specific information... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 0.00 for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned Z No Yes. Describe. 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices Z No Yes. Describe....

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Josie A. Griffin Case number (if known)

| Debtor 1 JUSIE A | | Case number | (л кломгл | |
|--|--|--|--|--|
| First Name | Middle Name Last Name | | | |
| | | | | |
| o. Machinery, fixtures, e | quipment, supplies you use in b | usiness, and tools of your trade | | i i |
| ₩ No | | 4 | | |
| Yes. Describe | و المراقب و المراقب و المراقب المراقب و ا | mponiora mini anno sono sono mono esta e e de dem monomento de sector. Ve esta chera e servicio de se sempre comunicado | gregory and the community of the community and the first of the first | · · · · · · · · · · · · · · · · · · · |
| Yes. Describe | | | | - |
| i | The second secon | | | |
| 1. Inventory | | | | 1 |
| ✓ No | A main in the property of the control of the model of the control | al and the later | ender i Amerika pri appring 1811 i Vistindra en apriljadampilikara 1814 i Vistindrippina deneral pri | |
| Yes, Describe | | | | \$ |
| 100, 2000, 100, 100, 100, 100, 100, 100, | and the statement of th | and the first angular and the first of the f | and the second s | |
| | | • | | • |
| 2.Interests in partners! | ips or joint ventures | | | |
| ☑ No | | | | |
| Yes. Describe | Name of entity: | | % of ownership: | |
| | • | · | % | \$ |
| | | | <u></u> % | \$ |
| | | | % | \$ |
| | | | | 4 |
| | Note and the second letters | | | |
| | ng lists, or other compilations | | | |
| ₩ No | | information (as defined in 11 U.S.C. § 101(4 | 1A))? | |
| | include personally identifiable i | Illiotination (as defined in 17 0.0.0.3 70 .(. | 4// 5 | |
| ☐ No | grave contract contract states are contracted as a fine contracted as a fine contracted as a fine contracted as | | | Make A Paris |
| Yes. Des | cribe | | | \$ |
| | 1 | and the state of t | | |
| | | | | |
| | I property you did not already lis | t | | |
| ∡ No | | | | |
| Yes. Give specific | | | | \$ |
| information | | | | \$ |
| | | | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | * |
| | | | | \$ |
| | and the first th | including any entries for pages you have | attached | 0.00 |
| 45. Add the dollar value | of all of your entries from Part 5 | , including any entries for pages you have | → | \$ |
| for Part 5. Write that | number nere | | | |
| 0.00 | | radio e e e e e e | 9 - 10 - 10 - 10 - 10 | The second secon |
| and the second s | | | | |
| Part 6; Describe | any Farm- and Commercial F | ishing-Related Property You Own or | Have an Interest | in. |
| If you own | or have an interest in farmland, li | ist it in Part 1. | | |
| | | | | |
| 46 Do you own or have | any legal or equitable interest in | any farm- or commercial fishing-related p | property? | |
| No. Go to Part 7. | | | | |
| Yes. Go to line 47 | | | | 1 |
| | | • | | Current value of the |
| | | | | portion you own? |
| | | | | Do not deduct secured claims or exemptions. |
| | | •• | | or exemptions. |
| 47. Farm animals | | | | |
| Examples: Livestock. | poultry, farm-raised fish | | | |
| ☑ No | | | at rapiones to the same way and a way to be a way and a way to be a way to be a way to be a way to be a way to | and the second |
| Q Yes | The second secon | and the second section is the second | | |
| | to the property of the control of th | | | \$ |
| | | and the second section of the second second section of the second section of the second second section section section section sections and section sections section sections and sections section sections section section sections section s | anni magist tin de marian en esperatura materialmente in terresenta e | |

Case 18-18599 Doc 1 Filed 06/29/18 Entered 06/29/18 15:22:14 Desc Main Page 20 of 75 Document Griffin Josie Case number (if known) Debtor 1 Last Name 48. Crops-either growing or harvested Z No Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☑ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☑ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☑ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No ☐ Yes. Give specific information..... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 600.00 57. Part 3: Total personal and household items, line 15 0.00 58 Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 600.00 Copy personal property total 600.00 62. Total personal property. Add lines 56 through 61.

600.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

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| Fill in this | informat | ion to ic | lentify your | case: | | | | | | | | |
|---|---|---|-------------------------------|---|---|--|---|--|-----------------------------------|---------------------------------|--|--|
| Debtor 1 | Josie | A. | Griffin | | | | - | | | | | |
| Debtor 2 | First Nam | e | ٨. | liddie Name | | Last Name | | | | | | |
| (Spouse, if fil | | | | liddle Name | | Last Name | | | | | | |
| United Stat | tes Bankrup | tcy Court | for the: North | ern Distric | t of Illinois | | | | | | | ☐ Check if this is a |
| Case numb (if known) | oer | | | | | | | | | | | amended filing |
| | | | | | | | | | | | | |
| Officia | | | | Dron | ortv | Vou | Claim | as i | Exer | nnt | | 04/16 |
| | | | | | | | | | | | | rrect information. |
| space is ne your name | eded, fill o and case i | ut and a number | ittach to this (if known). | page as n | nany copies | of Part 2: A | dditional Page | as neces: | sary. On t | ne top (| or any addi | s exempt. If more tional pages, write oing so is to state a |
| specific do of any app retirement limits the e | ollar amou dicable sta funds—n exemption | int as ex atutory hay be u i to a pa | xempt. Alte limit. Some | matively, exemptio dollar am lar amoun | you may cla ns—such a ount. Howe nt and the va | aim the full s those for ver. if vou | i fair market v · heaith aids, claim an exe | ralue of the rights to r mption of | e propert eceive co 100% of | y being ertain b fair mai | rexemple: enefits, ar rket value | d up to the amount ad tax-exempt under a law that our exemption |
| ☐ Yo | n set of ex | emption | ns are you d | :laiming? ai nonbani | | only, even in | f your spouse U.S.C. § 5220 | | h you. | | | |
| 3421 Y C | ou are cian | riing iec | ierai exempt | 10113. 11 0 | 3 022(| <i>5</i> ,(<i>2</i> , | | | | | | |
| 2. For at | ny proper | y you li | st on Sche | dule A/B t | hat you clai | m as exem | pt, fill in the | informatio | n below. | | | |
| | | | | | | | | | | .la.iun | Cancific | laws that allow exemption |
| Brief Sche | f descriptic edule A/B t | on of the hat lists | property ar this proper | nd line on ty | Current va portion yo | | Amount of | tne exemp | tion you c | aiiii | Specific | idas tilat allon cacinpas |
| | | | | | Copy the vi Schedule A | alue from VB | Check only | one box for | each exe | mption. | | |
| Brief descr | ription: | Auto | mobile | | \$ <u>0.00</u> | | 3 <u>2,40</u> | | | | 735 ILC | CS 5/12-1001(c) |
| Line 1 | | 3.1 | _ | | | | 21 100% c any api | of fair mark olicable sta | | | | |
| Brief | | Furn | iture | LVR4 | \$ <u>200.00</u> |) | □ <u>\$ 200</u> | | | | 735 IL0 | CS 5/12-1001(b) |
| Line | ription: from edule A/B: | 6 | ·~ | | | | | of fair mark plicable sta | | | | |
| Brief | | Cloth | ies | | \$ <u>400.00</u> |) | □ \$ <u>400</u> ☑ 100% € | | et value, | up to | 735 IL0 | CS 5/12-1001(a) |

3. Are you claiming a homestead exemption of more than \$160,375?

☑ No

Line from

Schedule A/B: 11___

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

Yes

any applicable statutory limit

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Debtor 1

Josie A. Griffin
First Name Middle Name

Last Name

Case number (#known)_____

| D-a | | ~ |
|-----|--|---|
| | | |

Additional Page

| | on of the property and line /B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | Checking Account | \$0.00 | 3 \$ 0.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 17.1 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | Q \$ | |
| Line from Schedule A/B: | A The Association for the Contract of the Cont | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$ | |
| Line from Schedule A/B: | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Line from Schedule A/B: | | \$ | \$ \$ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | \$\$ | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: | | \$ | □ \$ □ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |
| Brief description: Line from | - CAMERINA CAMERIA | \$ | \$ \$ 100% of fair market value, up to | |
| Schedule A/B: Brief | | | any applicable statutory limit | |
| description: Line from | | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Schedule A/B: | | | | |
| Brief description: Line from | | \$ | \$ 100% of fair market value, up to any applicable statutory limit | |
| Schedule A/B: Brief | | | | |
| description: Line from Schedule A/B: | | \$ | \$ to any applicable statutory limit | |
| Brief description: | | \$ | S | |
| Line from Schedule A/B: | | | 100% of fair market value, up to any applicable statutory limit | 1 |
| Brief description: | - And Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti- | \$ | \$ 100% of fair market value, up to | |
| Line from Schedule A/B: | | | any applicable statutory limit | |

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| Filliphoto Famous | | | | |
|--|--|---------------------------|--|---|
| Fill in this information to identify your ca | | | | |
| Debtor 1 Josie A. Griffin First Name Middle | Name Last Name | | | |
| Debtor 2 (Spouse, if filing) First Name Middle | | | | |
| renouse | ECOL 1400013G | | | |
| United States Bankruptcy Court for the: Northern | District of Illinois | | | |
| Case number (If known) | | | Chook | if this is an |
| | | | | ed filing |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who House Olsins on | NS No prime. | | |
| Re as complete and country | s Who Have Claims Secur | ed by Prop | erty | 12/15 |
| information. If more space is needed, cop | If two married people are filling together, both are en y the Additional Page, fill it out, number the entries, se number (if known) | tually responsible f | or supplying correct | ŧ |
| additional pages, write your name and car | se number (if known). | and street if to the | ronn. On the top of | any |
| 1. Do any creditors have claims secured b | y your property? | | | |
| No. Check this box and submit this for | n to the court with your other schedules. You have noth | ng else to report on t | his form. | |
| Yes. Fill in all of the information below. | | , | | |
| Park F. List All Secured Claims | | | | |
| | | | | |
| 2. List all secured claims. If a creditor has m | nore than one secured claim, list the creditor separately | Column A Amount of claim | Column B Value of collateral | Column C Unsecured |
| As much as possible, list the claims in alph | as a particular claim, list the other creditors in Part 2. abetical order according to the creditor's name. | Do not deduct the | that supports this | portion |
| 2.1 Pronto Prestamos | | Value of collateral | claim | If any |
| Creditor's Name | Describe the property that secures the claim: | s3,566.00 | \$1,500.00 | \$0.00 |
| 1750 Todd Farm | Automobile | generation and the second | | |
| Number Street | | overent oa and | | |
| | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Elgin IL 60123 | Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ₩ Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | | | | |
| Date debt was incurred 01/14/2017 2.2 | Last 4 digits of account number 1 1 6 4 | | Time Management A Web Property of The | |
| Creditor's Name | Describe the property that secures the claim: | 0.00 | \$ 0.00 \$ | 0.00 |
| Creditor's Ivanie | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | ☐ Contingent ☐ Unliquidated | | | |
| City State ZIP Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) | | | |
| At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | | | |
| community debt | · · · · · · · · · · · · · · · · · · · | | | 9 |
| Data data | Last 4 digits of account number | | | |
| Add the dollar value of your entries in Co | olumn A on this page. Write that number here: | 3,566.00 | elympistuster ritt teistister gegegglypplast met to 1612 per sieter 1977 1979 propriet | Performance and the following engineering about |

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| otor 1 Josie A. Griffin | Case num | ber (if known) | | |
|--|---|---|---|--|
| First Name Middle Name | Last Name | | | |
| Additional Page After listing any entries on this p by 2.4, and so forth. | page, number them beginning with 2.3, followed | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | | | |
| Number Street | | | | |
| Trumpel Sheet | |] | | |
| | | | | |
| City State ZIP Code | Unliquidated | | | |
| | ☐ Disputed | | | |
| Vho owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | - | | |
| Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | N | na ang sa mananan sa m |
| englicket in Albertanisker (Statisticket voor et voor de voor de voor de voor de verdeer de statistie en Voorspers, wêre 1945 | 201 (Cont.) - (Cont.) (Cont.) (Cont.) (Cont.) (Cont.) | \$ | \$ | \$ |
| Creditor's Name | | 1 | | |
| | | | | |
| Number Street | As of the date you file, the claim is: Check all that apply. | .J | | |
| | | | | |
| | - | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | | | | |
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| Check if this claim relates to a community debt | | | | |
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| Debtor 1 only | | | | |
| Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
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| Date debt was incurred | | . n nr |) | |

Case 18-18599 Doc 1 Filed 06/29/18 Entered 06/29/18 15:22:14 Desc Main Document Page 25 of 75

| Debtor 1 | Josie First Name | Α. | Griffin Middle Name | Last Name | | Case number (if known) |
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| Management | 5500 | . 4 d | | | t That Yayı Blazzalı | linend |
| agency is | page only i s trying to a more than | if you l collect | nave others from you fo reditor for a | to be notified about r a debt you owe t ny of the debts tha | o someone else, list the at you listed in Part 1, li | a debt that you already listed in Part 1. For example, if a collection be creditor in Part 1, and then list the collection agency here. Similarly, if st the additional creditors here. If you do not have additional persons to |
| be notifie | ed for any c | lebts i | n Part 1, do i | not fill out or subn | nit this page. | |
| | | | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | | | Last 4 digits of account number |
| Numb | er Stre | et | | | | |
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| Debtor 1 Josie A Griffin First Name Modde Name Last Name Debtor 2 (Spouse, if filling) First Name Modde Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number (If Mover) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims that the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or Schedule C: Executory Contracts and Unexpired Leases (Official Form 106B). Do not include creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the transport of the party of the Part you read and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority an onopriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, lift on the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) | Case 10-10399 | DUCI | Document | Page 26 of 75 | 7/10 13.22.14 | Desc ivid | uii |
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| Text Number Last Name La | ill in this information to identify | your case: | AND THE STATE OF T | | | | |
| Feat Name Iss Burkers Is | Section 1997 | AND A PARK TO THE REAL | 50 °CC | | | | |
| principle States Bankruptcy Court for the: Northern District of Illinois asse number fifficial Form 106E/F Chedule E/F: Creditors Who Have Unsecured Claims 12 as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claim at the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or subject in the other party to may executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule 3: Property (Official Form 106A/B) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106A). Do not include differs with partially secured claims that are listed in Schedule 7: Creditors Who Have Claims Secured by Property more space is ided, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the total complete the service of the service | EDIOI : | | | | | | |
| ted States Benkruptcy Court for the: Northern District of Illinois as number annumber annumber Incical Form 106E/F Chedule E/F: Creditors Who Have Unsecured Claims 12 Is complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or Schedule Property (Ortificial Form 1086B) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1086G). Do not include litors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Sacured by Property. If more space is feel, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the total diditional pages, write your name and case number (if known). 11: List All of Your PRIORITY Unsecured Claims 20 any creditors have priority unsecured claims against you? 20 any creditors have priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. It is all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. It is all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. It such claim is seen that seen the priority and propriority amounts, list that claim here and show both priority and propriority amounts. It is the other creditors in Part 3. 20 For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) 30 For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) 31 For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) 32 For an explanation of each type of claim, see the instructions for thi | | | | | | | |
| Check if this amended fill | | Middle Name | Last Name | | | | |
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| the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or on include ditors with partially secured claims that are listed in Schedule 5: Executory Contracts and Unexpired Leases (DiGal Form 1666). Do not include ditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is dead, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the treatment of the continuation pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. List all of your priority unsecured claims against you? Reach claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority anonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) None Priority Street When was the debt incurred? Last 4 digits of account number Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Debter 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a community debt is the claim subject to offset? Check if this claim is for a com | as complete and accurate as no | ecible Hee Pa | t 1 for avaditors with I | PIODITY sisimo and D | art 2 for proditors wi | L NONDDIOD | TV -1-i |
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| When was the debt incurred? Number Street | U Yes | ે એક્સોલ્ટ્રાફ અને એક્સોલ્ટ્રાફ અને ઉપયોગ કર્યા છે. તેમાં જ તેમ જ ના કે અને માટે અને આ કે માટે અને આ કે માટે અ | intoxicated Other. Specify | r personal injury while you w | GEO | e en | en transport of the state of th |
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☐ No Yes

Debtor 1 only

Debtor 2 only

City

State

Who incurred the debt? Check one.

At least one of the debtors and another

☐ Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

ZIP Code

Type of PRIORITY unsecured claim:

 $\hfill \Box$ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were

☐ Domestic support obligations

☐ Contingent ☐ Unliquidated

Disputed

intoxicated

Other. Specify

Doc 1

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Debtor 1

Document.

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Your PRIORITY Unsecured Claims — Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. **Total claim** Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent City State Unliquidated ZIP Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury white you were ☐ Check if this claim is for a community debt intoxicated Other. Specify Is the claim subject to offset? ☐ No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent City ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another

☐ No Yes

Check if this claim is for a community debt

Is the claim subject to offset?

Claims for death or personal injury while you were

intoxicated

Other, Specify

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Debtor 1

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Part 2:

List All of Your NONPRIORITY Unsecured Claims

| 3. | Do any creditors have nonpriority u | | - | - | | |
|----|--|--|--|--|---------------------------------|---|
| | No. You have nothing to report in to Yes | his part. Su | ibmit this form to | the court with your other schedules. | | |
| 4 | List all of your nonpriority unsecure nonpriority unsecure | d claims in editor sepa | n the alphabetic rately for each o | cal order of the creditor who holds each claim. If a creditor halam. For each claim listed, identify what type of claim it is. Do r | nas more | than one |
| | included in Part 1. If more than one cre claims fill out the Continuation Page of | editor holds Part 2 | a particular cla | im, list the other creditors in Part 3.If you have more than three | nonpriori | ty unsecured |
| | | | | | Tot | al claim |
| .1 | Santander Consumer USA | | | Last 4 digits of account number 1 1 6 4 | | 0.000.00 |
| | Nonpriority Creditor's Name | *************************************** | | 00/40/0045 | \$ | 8,292.00 |
| | Po Box 961245 | | | When was the debt incurred? U9/19/2015 | | |
| | Number Street Fort Worth | TX | 76161 | | | |
| | City | State | ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | | | Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and anothe | r | | Student loans | | |
| | ☐ Check if this claim is for a commu | unity debt | | Obligations arising out of a separation agreement or divorce | | : |
| | Is the claim subject to offset? | | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar del | nts | |
| | ☑ No | | | Other, Specify Automobile | | |
| | Yes | | | | | |
| .2 | American First Finance | er i derigheydd daernad hillygyryd yn i gllyd yn i | erranelist rilagisett, septimiste optimist risk rikerige rijensmiste | Last 4 digits of account number 1 1 6 4 | s | 1,501.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 03/19/2015 | Ψ | |
| | 7330 W. 33RD ST. N. 112 | | | | | |
| | Number Street | | | As afallo data was file to be a fire of the same of th | | |
| | Wichita City | KS State | 67205 ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | • | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | □ Disputed | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | - | | ☐ Student loans | | |
| | Check if this claim is for a commu | mite daht | | Obligations arising out of a separation agreement or divorce | | * |
| | | mity dept | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar deb | 40 | |
| | Is the claim subject to offset? | | | Other. Specify Loan | | |
| | ☐ Yes | | | | _ | : |
| 3 | | 00 Historia (Cantis) recentrario de tres- | emmony constitutive and configuration of the constitution of the c | | Complete all spicing my polytic | antanero de selfanta e di man menaran, enamazaner |
| | Reliamax Lending Service Nonpriority Creditor's Name | | | Last 4 digits of account number 1 1 6 4 | \$ | 5,447.00 |
| | 2300 E. 54TH ST. N. | | | When was the debt incurred? 01/31/2018 | | |
| | Number Street | | | | | |
| | Sioux Falls | SD | 57104 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | | | |
| | Who incurred the debt? Check one. | | | ☐ Contingent☐ Unliquidated | | |
| | Debtor 1 only | | | Disputed | | |
| | Debtor 2 only | | | • | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecured claim: | | |
| | _ | | | Student loans | | |
| | Check if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce | | : |
| | Is the claim subject to offset? | | | that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debt | te. | : |
| | ☑ No ☑ Yes | | | Other. Specify | | |
| | ■ 1es | | | | - | |

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| | | | | | | | |

| Us Dept Of Education/ | Gle | | Last 4 digits of account number 1 1 6 4 | \$ <u>43,008.0</u> | |
|---|--|--|--|--------------------|--|
| Nonpriority Creditor's Name 2401 International Lane | Pob 7859 | | When was the debt incurred? 06/01/2009 | | |
| Number Street Madison | WI | 53704 | As of the date you file, the claim is: Check all that apply. | | |
| City Who incurred the debt? Chec | State | ZIP Code | Contingent Unliquidated | | |
| Debtor 1 only | | | ☐ Disputed | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors ar | nd another | | Student loans Obligations arising out of a separation agreement or divorce that | | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims | | |
| Is the claim subject to offset | 7 | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | | |
| ☑ No ☐ Yes | | | | | |
| Capital One Bank USA | ent esterior assistante processor de la constante de la consta | i podantneja iz Administratu protopor i žirot protopor (u u vivinej unejumiti podantneja, kie | Last 4 digits of account number 1 1 6 4 | \$ 1,010.0 | |
| Nonpriority Creditor's Name | | | | | |
| Po Box 30281 | | | | | |
| Salt Lake City | UT | 84130 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent Unliquidated | | |
| Who incurred the debt? Chec | k one. | | Disputed | | |
| Debtor 1 only | | | Time of NONDBIODITY was sound also | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors an | d another | | Student loans Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset | ? | | Other. Specify Credit Card | | |
| ☑ No ☐ Yes | | | , , | | |
| Comenity Bank/Torrid | dina kalenta a tanga apanyang ang mang ang manak atanon atanon | reversit eterspropertie vinegarist etersprotes etersprotes etersprotes etersprotes etersprotes etersprotes ete | Last 4 digits of account number 1 1 6 4 | \$ <u>487</u> . | |
| Nonpriority Creditor's Name | | | When was the debt incurred? 12/13/2015 | | |
| Po Box 182789 | | | when was the dept incurred: | | |
| Columbus | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Chec | k one. | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors an | d another | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a | community debt | | you did not report as priority claims | | |
| Is the claim subject to offset? | • | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account | | |
| ☑ No | | | | | |

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Debtor 1

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| 4 7 | | | | |
|--|---|---|---|------------------|
| Rent Recover Of E | Betterno | | Last 4 digits of account number 1 1 6 4 | \$ 3,730.00 |
| Nonpriority Creditor's Name 220 Gerry Dr. | | | When was the debt incurred? 05/22/2015 | |
| Number Street | 1 | 00404 | As of the date you file, the claim is: Check all that apply. | |
| Wood Dale | IL State | 60191 ZIP Code | ☐ Contingent | |
| <i>-</i> , | 0.0.0 | 2 5505 | Unliquidated | |
| Who incurred the debt | ? Check one. | | ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | anh. | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 At least one of the deb | | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| LI Check if this claim i | s for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| is the claim subject to | offset? | | ✓ Other, Specify 09 Realty Consulting Service Inc. | |
| ☑ No | | | | |
| ☐ Yes | | | | |
| 4.8 | \$\$\$\$\$\$\$\$\$\rightarrow\r | and and the state of the state | | e |
| Oac Oac | | | Last 4 digits of account number 1 1 6 4 | \$ <u>609.00</u> |
| Nonpriority Creditor's Name | | | When was the debt incurred? 05/17/2017 | |
| Po Box 500 Number Street | | | | |
| Baraboo | WI | 53913 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt | Charle and | | Unliquidated | |
| | r Check one. | | ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 | only | | <u></u> | |
| At least one of the deb | | | Student loansObligations arising out of a separation agreement or divorce that | |
| Chack if this alaim i | s for a community debt | | you did not report as priority claims | |
| | • | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to | offset? | | Other. Specify Path Cnslts Of Chicago | |
| ✓ No ☐ Yes | | | | |
| 914 krens sestimisterentere orden erekenteriseriserisen indenteriseris | a adiena kalana da pida kara kalana na umasuu asa da asan da a | at her divergen presentige a filosoport, van diverse, or a presentant parties paragiles. | | ¢ 660.00 |
| Medicredit Inc | | | Last 4 digits of account number 1 1 6 4 | \$000.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 06/24/2017 | |
| Po Box 1629 | | | When was the debt incurred? U0/24/2017 | |
| Number Street | NO | 02042 | As of the date you file, the claim is: Check all that apply. | |
| Maryland Heights | MO State | 63043 ZIP Code | ☐ Contingent | |
| City | State | ZII Gode | Unliquidated | |
| Who incurred the debt? | Check one. | | Disputed | |
| Debtor 1 only | | | • | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 | = | | ☐ Student loans | |
| At least one of the deb | tors and another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is | s for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to c | offset? | | Other, Specify Trinity Physicians Mercy | |
| 57f | | | | |
| ☑ No | | | | |

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Debtor 1

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|---|---|---|---|---|---|
| н | 1 | - | 7 | | |

| Medicredit Inc | **** | VIII. 11. 11. 11. 11. 11. 11. 11. 11. 11. | Last 4 digits of account number 1 1 6 4 | ş <u>54</u> | 6.0 |
|---|--|--|---|-------------|------|
| Nonpriority Creditor's Name Po Box 1629 | | | When was the debt incurred? 10/23/2017 | | |
| Number Street Maryland Heights | MO | 63043 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check or | ne. | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | nother | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a co | ommunity debt | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Mercy Hospital Trinity | | |
| Is the claim subject to offset? Mo | | | Other, Specify Mercy Plospital Tilling | | |
| Yes | | | | | |
| Personal Finance | ek tirenemen er er ek kernisen in en | iggi egyptysis og forskinne egypter stem for til forske forskinning i en et forske forske forske forske forsk | Last 4 digits of account number $1 \underline{1} \underline{1} \underline{6} \underline{4}$ | \$ 2,95 | 0.0 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 11/08/2013 | | |
| 9438 W 191ST ST Po Bo | x 172 | | Triffi Tros the west incurred: | | |
| Mokena | IL | 60448 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check or | ne. | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | | and Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | nother | | Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a co | ommunity dept | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? No | | | Other. Specify Loan | | |
| Yes | | | | | |
| Comenity Bank/LnBryant | tis et Samitan (S. 1990) Salar American (S. 19 | and a grand and grand and grand and an experience of the grand and an experience of the section of the section | Last 4 digits of account number $\underline{1} \ \underline{1} \ \underline{6} \ \underline{4}$ | s12 | 5.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 05/26/2004 | | |
| Po Box 182789 Number Street | | | | | |
| Columbus | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | ☐ Contingent | | |
| Who incurred the debt? Check or | ne. | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | | _ 5,550.00 | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | nother | | ☐ Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a co | ommunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | | | ✓ Other, Specify Charge Account | | |

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Debtor 1

Part 2:

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| When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | \$_2,695.0 |
|---|--|
| □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | \$_2,695.0t |
| □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | \$_2,695.0 |
| Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | \$_2,695.0 |
| Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | * 2,695.0 |
| □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Household Goods □ Last 4 digits of account number 1 1 6 4 □ When was the debt incurred? □ 06/04/2011 □ As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | \$ 2,695.0 |
| □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | \$ <u>2,695.0</u> |
| you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | \$_2,695.0 |
| □ Debts to pension or profit-sharing plans, and other similar debts other. Specify Household Goods Last 4 digits of account number 1 1 6 4 When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | \$ 2,695.0 |
| ■ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | \$ <u>2,695.0</u> |
| When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | \$ 2,695.0 |
| When was the debt incurred? 06/04/2011 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | \$ 2,695.0 |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that | |
| Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| Student loans Obligations arising out of a separation agreement or divorce that | |
| Obligations arising out of a separation agreement or divorce that | |
| | |
| | |
| you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Other. Specify Household Goods | |
| , | |
| Last 4 digits of account number 1 1 6 4 | \$ <u>225.0</u> |
| | |
| when was the dept incurred? | |
| As of the date you file, the claim is: Check all that apply. | |
| _ | |
| ☐ Disputed | |
| | |
| PAGE . | |
| | |
| you did not report as priority claims | |
| Debts to pension or profit-sharing plans, and other similar debts | |
| Other Specify River Oak Apartments | |
| | When was the debt incurred? 04/24/2015 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims |

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Debtor 1

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| A -3 A -4 170 | | | Last 4 digits of account number 1 1 6 4 | s 350.0 |
|---|--|---|---|---|
| Ad Astra Recovery Service Nonpriority Creditor's Name | es | | - | \$ 300.0 |
| 7330 W 33RD St N 118 | | | When was the debt incurred? 08/17/2017 | |
| _{lumber} Street Wichita | KS | 67205 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check o | ne. | | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | | | ` | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and a | nother | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | | | Other, Specify Speedy Cash Com | |
| ☑ No ☑ Yes | | | • | |
| | es ny gantagaesidises a menormativi di | | | garangangan ann na hannara taman na na na |
| Gla Collection Company | Inc | | Last 4 digits of account number 1 1 6 4 | \$223.0 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 06/15/2015 | |
| 2630 Gleeson Ln | | | | |
| Louisville | KY | 40299 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check o | ne. | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | | - Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | nother | | Student loans | |
| Check if this claim is for a c | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ominumy debi | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other, Specify Rad Imag Consults Ing Avoca | |
| s the claim subject to offset? Mo | | | Other, Specify Rad Imag Consults Ing Avoca | |
| Yes | | | | |
| Certified Services | de de la companya de la manda de la companya de la | en er | Last 4 digits of account number 1 1 6 4 | _{\$} 1,955.0 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 12/01/2014 | |
| 1300 N Skokie Hwy Suite | 103A | | When was the debt incurred? 12/01/2014 | |
| Number Street Gurnee | 11_ | 60031 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check o | ne. | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | | <u>—</u> Бівраіва | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | another | | ☐ Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a co | ommunity debt | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Prairie Anesthesia LLC | |
| s the claim subject to offset? | | | La | |

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Josie A Document Page 34 of 75

Debtor 1

Josie

| Part 2: | Your NONPRIORITY Unsecured Claims — Continuation Page |
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| neck all that apply. aim: agreement or divorce that s, and other similar debts 1 6 4 \$ 300. 1/2018 neck all that apply. |
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| aim: agreement or divorce that s, and other similar debts 1 6 4 \$ 300. 1/2018 |
| agreement or divorce that s, and other similar debts 1 6 4 \$ 300. 1/2018 |
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| neck all that apply. |
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| agreement or divorce that |
| , and other similar debts |
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| <u>1 6 4</u> |
| 1/2018 |
| eck all that apply. |
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| greement or divorce that |
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| , and other similar debts |
| , and other similar debts |
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Debtor 1

| r | | | | | tie to be early regulation to a disease |
|------|---|--|---|---|---|
| 6.4 | JH Portfolio Debt | | | Last 4 digits of account number 1 1 6 4 | \$383.00 |
| | Nonpriority Creditor's Name 5757 Phantom DR 225 | | | When was the debt incurred? 02/28/2017 | |
| | Number Street Hazelwood | MO | 63042 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and and | ther | | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a com | | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | Other. Specify Comenity Bank | |
| | ☑ Yes | | | | |
| 6,5 | Progressive Finance Nonpriority Creditor's Name | well des in province to be a strong of the Constitution of the Con | | Last 4 digits of account number 1 1 6 4 | \$ <u>2,184.00</u> |
| | 11629 S 700 East Ste 250 | | | When was the debt incurred? 04/01/2018 | |
| | Number Street | 1.17 | 0.4000 | As of the date you file, the claim is: Check all that apply. | |
| | Draper City | UT State | 84020 ZIP Code | Contingent | |
| | · | | | Unliquidated | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and ano | ther | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a com | munity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | ☑ Other, Specify_Furniture Rental | |
| | ☑ No ☐ Yes | | | | |
| 6. b | T-Mobile | enterente de la constante de l | uantia elektromonomia nemukilakonomia velikiler eta 2 Elektrome elektromia (1777) | Last 4 digits of account number 1 1 6 4 | \$ 600.00 |
| | Nonpriority Creditor's Name Po Box 53410 | | | When was the debt incurred? 04/01/2018 | |
| | Number Street Bellevue | WA | 98015 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | 14th - for commend the stable Office of the second | | | Untiquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | - | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| | At least one of the debtors and and | ther | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a com | nmunity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | other. Specify Mobile Phone Accounts | |
| | ☑ No | | | | |

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Josie A Griffin

First Name Middle Name Last Name Case number (if known)

Case number (if known)

Debtor 1

| Josie |
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| Circl Man - |

Case number (if known)__

Your NONPRIORITY Unsecured Claims

| er listing any entries on this page, n | | | | Total cl |
|--|--|----------|---|---------------|
| Capital One Auto Finance | | | Last 4 digits of account number 1 1 6 4 | s 6,00 |
| Nonpriority Creditor's Name 3905 N Dallas Parkway Number Street | | | When was the debt incurred? 04/01/2018 | \$_0,000 |
| | | | | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check one. | | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student foans | |
| At least one of the debtors and another | r | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | | | | |
| □ No | | | Other. Specify Auto Mobile | |
| Yes | NICONO SIMPONIA PROGRAMA DI CONTRA | | | |
| A. Ligate Financial LLC | | | Last 4 digits of account number 1 1 6 4 | s575 |
| Nonpriority Creditor's Name 160 N Franklin St. Suite 301 Number Street | | | When was the debt incurred? 10/25/2012 | - |
| lumber Street Chicago | IL | 60606 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Alto to some state of the source | | | Unliquidated | |
| Who incurred the debt? Check one. Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Time of MOMPHODITY | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | | | Student loansObligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | | | you did not report as priority claims | |
| Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts | |
| No No | | | Other. Specify Collection Account | |
| 2 Yes | TOTAL PROPERTY OF THE PROPERTY | | | |
| Ilstate Insurance Company | | | Last 4 digits of account number 1 1 6 4 | \$ <u>650</u> |
| onpriority Creditor's Name | | | When was the debt incurred? 04/01/2013 | |
| O Box 55156 Umber Street | | | | |
| loston | MA | 02205 | As of the date you file, the claim is: Check all that apply. | |
| ty | State | ZIP Code | Contingent | |
| The incurred the debt? Check one. | | | Unliquidated | |
| 2 Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| ☐ At least one of the debtors and another☐ Check if this claim is for a community debt | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| - | | | Debts to pension or profit-sharing plans, and other similar debts | |
| the claim subject to offset? | | | ☑ Other, Specify Collection Account | |
| 2 No 2 Yes | | | | |

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Josie

| Jeptor i | 000.0 | <i>/</i> `\ | Griffin | Cana musukan |
|------------------------------|------------|-------------|-----------|------------------------|
| | First Name | | | Case number (if known) |
| | rust name | Middle Name | Last Name | |
| | | | | |
| ومروبية واستنجابها والمتاهاة | | | | |

| Part 2: | Your NONPRIORITY Unsecured Claims — Continuation Page |
|---------|---|
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| | |

| Chex System | | | Last 4 digits of account number 1 1 6 4 | 575.0 |
|--|------------------|--|--|--------------|
| Nonpriority Creditor's Name 7805 Hudson Rd | | | When was the debt incurred? 03/05/2015 | \$ 373.0 |
| Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| Woodbury | MN State | 55125 ZIP Code | | |
| Who incurred the debt? Che Debtor 1 only Debtor 2 only | | ZIF Code | Contingent Unliquidated Disputed | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors a | nd another | | Student loans | |
| ☐ Check if this claim is for Is the claim subject to offset | _ | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| ₩ No □ Yes | | | ✓ other. Specify Collection Account | |
| Cottage Emergy Physic | cians | ngunga magamahanka nkisik ke makka ki Sirilga ya pamayang magalakka | Last 4 digits of account number 1 1 6 4 | \$ 700.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 06/13/2016 | |
| Po Box 41494 Number Street | | | When was the debt incurred? 06/13/2016 | |
| Number Street Philadelphia | PA | 19101 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Chec | ok one | | Unliquidated | |
| Debtor 1 only | ik one. | | Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors ar | nd another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for | a community debt | | you did not report as priority claims | |
| Is the claim subject to offset | ? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | |
| ☑ No ☐ Yes | | | Ottes, Specify School of Theodourit | |
| | | Piper (State of Associated World and Individual Communication Communication) | | \$ 500.00 |
| Enhanced Recovery Nonpriority Creditor's Name | | | Last 4 digits of account number 1 1 6 4 | |
| 8014 Bayberry Rd | | | When was the debt incurred? 08/17/2011 | |
| Jacksonville | FL | 32256 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | □ Contingent | |
| Who incurred the debt? Chec | k one. | | Unliquidated | |
| Debtor 1 only | = | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors an | d another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? ✓ No | ? | | Other. Specify Collection Account | |

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Debtor 1

Josie First Name

Document Griffin

Case number (if known)__

| was the debt incurred? 09/09/2012 he date you file, the claim is: Check all that apply. Intingent iquidated puted f NONPRIORITY unsecured claim: dent loans igations arising out of a separation agreement or divorce that did not report as priority claims but to pension or profit-sharing plans, and other similar debts er. Specify Collection Account | s 6 |
|---|--|
| the date you file, the claim is: Check all that apply. Intingent iquidated puted If NONPRIORITY unsecured claim: dent loans igations arising out of a separation agreement or divorce that did not report as priority claims out to pension or profit-sharing plans, and other similar debts | 3 <u>U</u> |
| the date you file, the claim is: Check all that apply. Intingent iquidated puted If NONPRIORITY unsecured claim: dent loans igations arising out of a separation agreement or divorce that did not report as priority claims out to pension or profit-sharing plans, and other similar debts | |
| ntingent iquidated puted f NONPRIORITY unsecured claim: dent loans igations arising out of a separation agreement or divorce that did not report as priority claims ots to pension or profit-sharing plans, and other similar debts | |
| iquidated puted f NONPRIORITY unsecured claim: dent loans igations arising out of a separation agreement or divorce that did not report as priority claims obts to pension or profit-sharing plans, and other similar debts | |
| iquidated puted f NONPRIORITY unsecured claim: dent loans igations arising out of a separation agreement or divorce that did not report as priority claims obts to pension or profit-sharing plans, and other similar debts | |
| f NONPRIORITY unsecured claim: dent loans igations arising out of a separation agreement or divorce that did not report as priority claims ots to pension or profit-sharing plans, and other similar debts | |
| dent loans igations arising out of a separation agreement or divorce that did not report as priority claims ots to pension or profit-sharing plans, and other similar debts | |
| dent loans igations arising out of a separation agreement or divorce that did not report as priority claims ots to pension or profit-sharing plans, and other similar debts | |
| igations arising out of a separation agreement or divorce that did not report as priority claims ots to pension or profit-sharing plans, and other similar debts | |
| ots to pension or profit-sharing plans, and other similar debts | |
| is to pension or profit-snaring plans, and other similar deciser. Specify Collection Account | |
| | |
| | |
| | ************************* |
| digits of account number 1 1 6 4 | s6 |
| vas the debt incurred? 05/11/2015 | |
| | |
| ne date you file, the claim is: Check all that apply. | |
| dingent | |
| quidated outed | |
| MIGU | |
| NONPRIORITY unsecured claim: | |
| dent loans | |
| gations arising out of a separation agreement or divorce that did not report as priority claims | |
| ts to pension or profit-sharing plans, and other similar debts | |
| er. Specify_Collection Account | |
| | |
| digits of account number 1 1 6 4 | \$7(|
| 04/05/0040 | |
| vas the debt incurred? 01/25/2013 | |
| ne date you file, the claim is: Check all that apply. | |
| tingent | |
| quidated | |
| outed | |
| NONDRIODITY unsequired claim | |
| NONPRIORITY unsecured claim: | |
| dent loans dent loans detions arising out of a separation agreement or divorce that | |
| did not report as priority claims | |
| to to nonnion or profit shorter slave, and the crimiles deter | |
| | |
|)bli ou | obligations arising out of a separation agreement or divorce that ou did not report as priority claims bebts to pension or profit-sharing plans, and other similar debts other. Specify Collection Account |

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Debtor 1

Josie

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Case number (if known)_

| | | go zamielyjúskajúsky | | | |
|-------------------------------------|---|---|--|----------------------------|--------|
| Capital One A | | | Last 4 digits of account number 1 1 6 4 | \$ | 700.0 |
| Po Box 20134 | | | When was the debt incurred? 06/27/2016 | | |
| Number Street Arlington | TX | 76006 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the | debt? Check one. | | Unliquidated Disputed | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and De | | | Student loans | | |
| | e debtors and another | | Obligations arising out of a separation agreement or divorce that | | |
| | aim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| is the claim subje ☑ No | t to offset? | | ☑ Other Specify Collection Account | | |
| ☐ Yes | | | | | |
| 8 Afni Inc | | and how the statement with the statement of | Last 4 digits of account number 1 1 6 4 | arkenskir esteranskir E | 650.0 |
| Nonpriority Creditor's Na | me | | | ~ | |
| Po Box 3097 Number Street | *************************************** | | When was the debt incurred? U8/05/2017 | | |
| Bloomington | <u> </u> | 61702 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent Unliquidated | | |
| Who incurred the | debt? Check one. | | Disputed | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and De | - | | Student loans | | |
| | e debtors and another | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this cl | aim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| is the claim subject | t to offset? | | Other Specify Collection Account | | |
| ☑ No ☐ Yes | | | | | |
| 9 Cach Llc | | roantaanaan ka | Last 4 digits of account number 1 1 6 4 | \$ | 675.00 |
| Nonpriority Creditor's Na | | | 07/07/0047 | | |
| 4340 S Monac | o St. Unit 2 | | When was the debt incurred? U7/07/2017 | | |
| Denver | СО | 80237 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent Unliquidated | | |
| Who incurred the | lebt? Check one. | | Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only | tor 2 and | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Del At least one of th | tor 2 only e debtors and another | | Student loans | | |
| | aim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Is the claim subject | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account | | |
| No Yes | r to onser: | | Omer. Specify Confection Account | | |

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Debtor 1

Josie First Name

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Case number (if known)_

Part 2:

| 3.1 Dependen Collection | | | Last 4 digits of account number 1 1 6 4 | |
|--|---|---|--|--------------|
| Dependon Collection Nonpriority Creditor's Name | \$100,000 pt 100,000 pt | | 40/40/044 | \$ 650.00 |
| Po Box 4833 | | | When was the debt incurred? 12/12/2014 | |
| Number Street Oak Brook | IL. | 60522 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Cher | ak ana | | Unliquidated | |
| Debtor 1 only | sk one. | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors a | nd another | | $oldsymbol{\square}$ Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for | a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset | ? | | ✓ Other. Specify Collection Account | |
| ¥ZÍNo □ Yes | | | | |
| .2 Equifox Books into a Do | | omet Heisines in the security French system of the Trian Condition of the | Last 4 digits of account number 1 1 6 4 | 590.00 |
| Equifax Bankruptcy De | pt. | | | \$ 330.00 |
| Po Box 740241 | | | When was the debt incurred? 02/15/2016 | |
| Atlanta | GA | 30374 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Chec | k one. | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors ar | nd another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| is the claim subject to offset | ? | | ☑ Other. Specify Collection Account | |
| ☑ No ☐ Yes | | | | |
| 3 | | | | \$ 700.00 |
| Illinois Collection Nonpriority Creditor's Name | | | Last 4 digits of account number 1 1 6 4 | |
| 8231185TH St. Ste 100 | | | When was the debt incurred? 11/17/2013 | |
| Tinley Park | IL | 60487 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Chec | k one | | Unliquidated | |
| Debtor 1 only | . 0.10. | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors an | d another | | Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | > | | Other. Specify Collection Account | |
| ☑ No | | | | |
| Yes | | | | |

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Debtor 1

Document Griffin

Case number (if known)_

Part 2:

| Municollofam | | | Last 4 digits of account number 1 1 6 4 | \$ | 500.0 |
|---|------------------|--|--|--|--------|
| Nonpriority Creditor's Name 3348 Ridge Road | | | When was the debt incurred? 02/01/2015 | Ψ | |
| Number Street Lansing | IL | 60438 | As of the date you file, the claim is: Check all that apply. | | |
| Who incurred the debt? Ch | State eck one. | ZIP Code | Contingent Unliquidated Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors | | | Student loans | | |
| Check if this claim is for | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| is the claim subject to offse ✓ No ☐ Yes | - | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | | |
| U.S. Bankruptcy Cour | | annangan annangan angan kangan kangan kangan kangan kangan angan kangan kangan kangan kangan kangan kangan kan | Last 4 digits of account number 1 1 6 4 | ************************************** | 600.0 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 03/28/2017 | Ψ | |
| Eastern Division 219 S | S Dearborn 7TH | l Floor | | | |
| Chicago | <u>IL</u> | 60604 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Che | eck one. | | ☐ Unliquidated ☐ Disputed | | |
| Debtor 1 only | | | - Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors a | | | ☐ Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for | a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offse | t? | | Other. Specify Collection Account | | |
| ☑ No □ Yes | | | · · · · · · · · · · · · · · · · · · · | | |
| | | in the Control of the | Last 4 digits of account number 1 1 6 4 | \$ | 700.00 |
| At&t Nonpriority Creditor's Name | | | - <u> </u> | | |
| Po Box 5001 | | | When was the debt incurred? 01/22/2018 | | |
| Number Street Carol Stream | IL | 60197 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Che | ck one. | | ☐ Unliquidated☐ Disputed | | |
| ☑ Debtor 1 only | | | Lisputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | |
| At least one of the debtors a | | | Obligations arising out of a separation agreement or divorce that | | |
| ☐ Check if this claim is for | a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset | 1? | | ☑ Other Specify Collection Account | | |
| ☑ No ☑ Yes | | | | | |

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Debtor 1

Document Griffin

Case number (if known)_

Part 2:

| 8.7 | | | | | | |
|-----|--|--|--|--|----------|--------|
| 3.7 | Capital One | | | Last 4 digits of account number 1 1 6 4 | \$ | 665.0 |
| | Nonpriority Creditor's Name Po Box 30285 | | | When was the debt incurred? 07/01/2017 | 4 | |
| | Number Street Salt Lake City | UT | 84130 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | Unliquidated Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and anoth | | | Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm | nunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | ☑ Other Specify Collection Account | | |
| | Yes | | | | | |
| 8.8 | Certegy Check Service | and the second s | ok periodek ki ki ki periodek ki | Last 4 digits of account number 1 1 6 4 | \$ | 510.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 12/12/2015 | | |
| | Po Box 30046 Number Street | | | when was the debt incurred? | | |
| | Tampa | FL | 33630 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | er | | Student loansObligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a comm | nunity debt | | you did not report as priority claims | | |
| | Is the claim subject to offset? | • | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | | |
| | ☑ No □ Yes | | | | | |
| .9 | | n-konahahan-an-an-an-a | | Last 4 digits of account number 1 1 6 4 | \$ | 599.00 |
| | Comenity Bank/Vctrss Nonpriority Creditor's Name | | | - | | |
| | Po Box 182789 | | | When was the debt incurred? 09/15/2017 | | |
| | Number Street Columbus | ОН | 43218 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only | | | To a chick property was a series of a labor | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | er | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm | unity debt | | you did not report as priority claims | | |
| | Is the claim subject to offset? | - | | Debts to pension or profit-sharing plans, and other similar debts Other, Specify Collection Account | | |
| | ☑ No □ Yes | | | | | |

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Debtor 1

| losi | e |
|------|---|
| | |

Document Griffin

First Name

Case number (if known),

| Part 2: Your NO | IPRIORITY Unsecured | d Claims — Continuation P | age |
|-----------------|---------------------|---------------------------|-----|
|-----------------|---------------------|---------------------------|-----|

| Diversified Consultant | · | | Last 4 digits of account number 1 1 6 4 | s (| 699 | | |
|--|---|---|---|----------|-----|--|--|
| Nonpriority Creditor's Name 10550 Deerwood Park B | lvd | | When was the debt incurred? 06/14/2017 | | | | |
| Number Street Jacksonville | FL | 32256 | As of the date you file, the claim is: Check all that apply. | | | | |
| City Who incurred the debt? Check of Debtor 1 only | State one. | ZIP Code | Contingent Unliquidated Disputed | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | another | | Student loansObligations arising out of a separation agreement or divorce that | | | | |
| Check if this claim is for a c | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | |
| is the claim subject to offset? ☑ No ☐ Yes | | | Other. Specify Collection Account | | | | |
| Escallate Lic | restricte Antolicia estado autoristrica Antolica escanação, | n Mille Marie de de la companya de l | Last 4 digits of account number 1 1 6 4 | s 7 | 701 | | |
| Nonpriority Creditor's Name | | | 00/20/2040 | * | | | |
| 5200 Stoneham Rd | | | When was the debt incurred? 09/30/2016 | | | | |
| North Canton | ОН | 44720 | As of the date you file, the claim is: Check all that apply. | | | | |
| City | State | ZIP Code | Contingent | | | | |
| Who incurred the debt? Check o | ne. | | ☐ Unliquidated ☐ Disputed | | | | |
| Debtor 1 only | | | ₩ Disputed | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | | | |
| At least one of the debtors and a | nother | | Obligations arising out of a separation agreement or divorce that | | | | |
| Check if this claim is for a co | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Is the claim subject to offset? | | | Other. Specify Collection Account | | | | |
| ☑ No ☑ Yes | | | | | | | |
| Jackson Park Hospital | | | Last 4 digits of account number 1 1 6 4 | \$7 | 00 | | |
| Nonpriority Creditor's Name 7531 S Stony Island Ave | ************************************** | | When was the debt incurred? 10/10/2015 | | | | |
| Number Street Chicago | IL | 60649 | As of the date you file, the claim is: Check all that apply. | | | | |
| City | State | ZIP Code | Contingent | | | | |
| Who incurred the debt? Check o | ne | | Unliquidated | | | | |
| Debtor 1 only | iro, | | ☐ Disputed | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | | | |
| At least one of the debtors and a | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| Check if this claim is for a co | ommunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Is the claim subject to offset? | | | Other. Specify Collection Account | | | | |
| ☑ No □ Yes | | | | | | | |

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Debtor 1

Josie

Document Griffin

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Part 2:

| Your NONPRIORITY | Unsecured | Claims | Continuation | Page |
|------------------|-----------|--------|--------------|------|

| Mercy Hospital & Medical | Center | | Last 4 digits of account number 1 1 6 4 | | | | |
|--|---|---|---|----|---|--|--|
| Nonpriority Creditor's Name 2525 S Michigan Ave | | | When was the debt incurred? 02/28/2014 | | | | |
| Number Street Chicago | IL. | 60616 | As of the date you file, the claim is: Check all that apply. | | | | |
| City | State | ZIP Code | Contingent | | | | |
| Who incurred the debt? Check one | 9 | | Unliquidated | | | | |
| Debtor 1 only | -, | | Disputed | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and an | | | ☐ Student loans | | | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| Check if this claim is for a cor | nmunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| ls the claim subject to offset? ☑ No | | | Other Specify Hospital Bill | | | | |
| Yes | #FORMERSHOWN CONTROL CONTROL AND CONTROL AND ADDRESS. | Nobel skiller have mad klebe sammyn av en greg proces sense synnegen onergy synne | | | | | |
| Pathology Consultants Of (| Chicago | | Last 4 digits of account number 1 1 6 4 | \$ | 5 | | |
| Po Box 88493 | | | When was the debt incurred? 05/23/2017 | | | | |
| Number Street Chicago | IL | 60680 | As of the date you file, the claim is: Check all that apply. | | | | |
| City | State | ZIP Code | Contingent | | | | |
| Who incurred the debt? Check one |) . | | ☐ Unliquidated ☐ Disputed | | | | |
| ☑ Debtor 1 only | | | Ca Disputed | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and and | athar | | ☐ Student loans | | | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| Check if this claim is for a con | nmunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Is the claim subject to offset? Mo | | | ☑ Other. Specify Collection Account | | | | |
| ☑ No ☑ Yes | | | | | | | |
| Radiology Imaging Consult | | | Last 4 digits of account number 1 1 6 4 | \$ | 5 | | |
| Nonpriority Creditor's Name 9413 Eagle Way | | | When was the debt incurred? 10/31/2017 | | | | |
| Number Street Chicago | IL | 60678 | As of the date you file, the claim is: Check all that apply. | | | | |
| City | State | ZIP Code | Contingent | | | | |
| Who incurred the debt? Check one | :. | | ☐ Unliquidated ☐ Disputed | | | | |
| ■ Debtor 1 only | | | Lispoted | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | |
| Debtor 1 and Debtor 2 only | n4hu | | Student loans | | | | |
| Takilanakana akilin dibana - 1000 | JERRET | | Obligations arising out of a separation agreement or divorce that | | | | |
| | | | you did not report as priority claims | | | | |
| ☐ At least one of the debtors and and ☐ Check if this claim is for a con is the claim subject to offset? | | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | | | | |

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Debtor 1

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Case number (if known)_

| Syncb/Jcp | | | Last 4 digits of account number 1 1 6 4 | e | 545 | | | |
|--|--|--|--|----|-----|--|--|--|
| Nonpriority Creditor's Name | | | When was the debt incurred? 11/17/2016 | ٠ | | | | |
| Po Box 965007 Number Street | V-000 | | And the state of t | | | | | |
| Orlando | FL | 32896 | As of the date you file, the claim is: Check all that apply. | | | | | |
| Who incurred the debt? Check | State one. | ZIP Code | ☐ Contingent☐ Unliquidated☐ Disputed | | | | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | | | | |
| At least one of the debtors and | l another | | Obligations arising out of a separation agreement or divorce that | t | | | | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| is the claim subject to offset? | | | Other Specify Collection Account | | | | | |
| ☑ No ☐ Yes | | | | | | | | |
| | and the state of t | | Last 4 digits of account number 1 1 6 4 | | 700 | | | |
| Superior Oaks Apartmer Nonpriority Creditor's Name | nts | | ···· | \$ | 701 | | | |
| 14613 South Wabash A | venue | | When was the debt incurred? 09/28/2016 | | | | | |
| Number Street Dolton | IL | 60419 | As of the date you file, the claim is: Check all that apply. | | | | | |
| City | State | ZIP Code | Contingent | | | | | |
| | | | ☐ Unliquidated | | | | | |
| Who incurred the debt? Check | one. | | Disputed | | | | | |
| Debtor 1 only | | | Time of MONROLOGITM | | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| At least one of the debtors and | i another | | Student loans | | | | | |
| ☐ Check if this claim is for a | | | Obligations arising out of a separation agreement or divorce tha you did not report as priority claims | I | | | | |
| | Community debt | | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| Is the claim subject to offset? | | | ✓ Other. Specify Collection Account | | | | | |
| ₩ No □ Yes | | | | | | | | |
| Trans Union Bankruptcy | Dent | a decidente de adocumento de la composição | Last 4 digits of account number 1 1 6 4 | \$ | 66 | | | |
| Nonpriority Creditor's Name | Берс. | | 00/44/0040 | | | | | |
| Po Box 1000 | | | When was the debt incurred? 06/14/2016 | | | | | |
| Number Street Chester | PA | 19022 | As of the date you file, the claim is: Check all that apply. | | | | | |
| City | State | ZIP Code | Contingent | | | | | |
| NAMES OF THE OWNER OF THE PARTY | | | Unliquidated | | | | | |
| Who incurred the debt? Check | one. | | ☐ Disputed | | | | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | |
| Debtor 1 and Debtor 2 only | | | | | | | | |
| At least one of the debtors and | another | | Student loansObligations arising out of a separation agreement or divorce that | t | | | | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| Is the claim subject to offset? | | | Other. Specify Collection Account | | | | | |
| ☑ No □ Yes | | | | | | | | |

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Debtor 1

| Josie | |
|-------|--|
| | |

Document Griffin

Case number (if known)_

Part 2:

| 0.1 | Cap One | | | Last 4 digits of account number 1 1 6 4 | ¢ | 555.00 |
|-----|---|---|---|---|----|--------|
| | Nonpriority Creditor's Name Po Box 85520 | *************************************** | | When was the debt incurred? 04/29/2017 | a | |
| | Number Street Richmond | \ / A | 20005 | As of the date you file, the claim is: Check all that apply. | | |
| | City | VA State | 23285 ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | |
| | At least one of the debtors and anoth | | | Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm | nunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other Specify Collection Account | | |
| | Yes | | | | | |
| 0.9 | Portfolio Recovery Associate | s Llc | to the second | Last 4 digits of account number 1 1 6 4 | \$ | 500.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 08/25/2015 | | |
| | Po Box 41067 Number Street | | | **** | | |
| | Norfolk | VA | 23541 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | Disputed | | |
| | Debtor 1 only Debtor 2 only | | | * (| | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | er | | Student loansObligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm | unity debt | | you did not report as priority claims | | |
| | Is the claim subject to offset? | • | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | | |
| | ✓ No ☐ Yes | | | Coller, Specify School of Nococin | | |
| 0.3 | | n Marakana na maraka ka asa ka | on and the second s | Last 4 digits of account number 1 1 6 4 | \$ | 660.00 |
| | Radiology Physicians, Ltd Nonpriority Creditor's Name | | | | | |
| | Po Box 2150 | | | When was the debt incurred? 05/01/2017 | | |
| | Number Street Bedford Park | IL | 60499 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | |
| | Debtor 1 only | | | Lispoted | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | or. | | Student loans | | |
| | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Check if this claim is for a comm | unity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? No | | | ☑ Other Specify Collection Account | | |
| | Yes | | | | | |

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Debtor 1

Document

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| Afte | r listing any entries on this page, ກເ | ımber thei | n beginning with 4.4 | 4, followed by 4.5, and so forth. | Tol | al claim |
|-------|--|--|---|--|-------------------------------|--|
| | | | | | | |
| 10H | Syncb/Walmart | | | Last 4 digits of account number 1 1 6 4 | • | 545.00 |
| | Nonpriority Creditor's Name | | | 07/05/0045 | \$ | 040.00 |
| | Po Box 965024 | | | When was the debt incurred? 0//05/2015 | | |
| | Number Street Orlando | FL | 32896 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent | | |
| | Miles in summed the idebte Objections | | | Unliquidated | | |
| | Who incurred the debt? Check one. Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | |
| | At least one of the debtors and another | • | | Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a commu | nity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | is the claim subject to offset? | | | Other. Specify Collection Account | | |
| | ☑ No | | | | | |
| | ☐ Yes | | | | | |
| م | | and the same of th | | | naka sunjunga saja | en e |
| 10,5 | Count ihaan | | | Last 4 digits of account number 1 1 6 4 | \$ | 500.00 |
| | Swan Library Nonpriority Creditor's Name | | | 44/44/0045 | * shareholder | |
| | 125 Tower Drive | | | When was the debt incurred? 11/11/2015 | | |
| | Number Street | | 00507 | As of the date you file, the claim is: Check all that apply. | | |
| | Burr Ridge City | IL State | 60527 ZIP Code | ☐ Contingent | | |
| | • | | | ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a commu | nity debt | | you did not report as priority claims | | |
| | Is the claim subject to offset? | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Collection Account | | |
| | ☑ No | | | | | |
| | Yes | | | | | |
| h. /- | | nament of the second second second | CONTRACTOR OF STREET, | | te description of the second | 699.00 |
| D.6 | Patrick S Layng Office Of The | IIS Tr | ustee Region11 | Last 4 digits of account number 1 1 6 4 | \$ | 000.00 |
| | Nonpriority Creditor's Name | , O.O. 11 | usice region i | When was the debt incurred? 03/19/2017 | | |
| | 219 S Dearborn St Room 873 | | | When was the debt incurred? 03/19/2017 | | |
| | Number Street Chicago | IL | 60604 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | ☐ Contingent | | |
| | | | | Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| | At least one of the debtors and another | - | | Obligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a commu | ınity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other. Specify Collection Account | | |
| | ₩ No | | | | | |
| | Yes | | | | | |

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Debtor 1

Document

First Name

| Part 2: | Your | NONPRIORITY | Unsecured | Claims - | - Continuation | Page |
|---------|------|-------------|-----------|----------|----------------|------|
| | | | | | | |

| Portfolio Recovery Nonpriority Creditor's Name | | | Last 4 digits of account number 1 1 6 4 | \$515.0 | | | | | |
|--|--|---|---|--|--|--|--|--|--|
| 120 Corporate Blvd S | ite 1 | | When was the debt incurred? 12/07/2016 | | | | | | |
| Number Street Norfolk | VA | 23502 | As of the date you file, the claim is: Check all that apply. | | | | | | |
| City | State | ZIP Code | Contingent Unliquidated | | | | | | |
| Who incurred the debt? Ch Debtor 1 only | eck one. | | ☐ Disputed | | | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | , | | Type of NONPRIORITY unsecured claim: | | | | | | |
| At least one of the debtors | | | Student loans Obligations arising out of a separation agreement or divorce | that | | | | | |
| Check if this claim is fo | r a community debt | | you did not report as priority claims | | | | | | |
| Is the claim subject to offs | et? | | Debts to pension or profit-sharing plans, and other similar de Other. Specify Collection Account | eots | | | | | |
| ☑ No ☐ Yes | | | | | | | | | |
| | #134# ACM, OLD ACCOUNTS AND SOCIAL STANKED SOCIAL STANKED WITH STANKED | Amerikansa menumban sa melandar menumban se sensa sa sensa sa sa sensa sa sensa sa sensa sa sensa sa sensa sa s | | ale and a second second residency to the second | | | | | |
| Sprint Wireless | | | Last 4 digits of account number 1 1 6 4 | <u>\$ 625.0</u> | | | | | |
| Nonpriority Creditor's Name 6391 Sprint Parkway | | | When was the debt incurred? 04/30/2015 | | | | | | |
| Number Street | VC | 66054 | As of the date you file, the claim is: Check all that apply. | | | | | | |
| Overland Park | KS State | 66251 ZIP Code | Contingent | | | | | | |
| IAM - Commondator Achael et | | | Unliquidated | | | | | | |
| Who incurred the debt? Ch Debtor 1 only | eck one. | | ☐ Disputed | | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | | | | | |
| At least one of the debtors | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| ☐ Check if this claim is fo | r a community debt | | Debts to pension or profit-sharing plans, and other similar de | ebts | | | | | |
| Is the claim subject to offs | et? | | ☑ Other. Specify Collection Account | | | | | | |
| No Yes | | | | | | | | | |
| | and the state of t | ууну аңасқан жалған жасын қазында бай (атар байдій). | Last 4 digits of account number 1 1 6 4 | \$700.0 | | | | | |
| Prairie Anesthesia Llo Nonpriority Creditor's Name | <i>y</i> | | | | | | | | |
| Po Box 4602 Dept 40 | 41 | | When was the debt incurred? 07/11/2016 | | | | | | |
| Number Street Oak Brook | IL | 60522 | As of the date you file, the claim is: Check all that apply. | | | | | | |
| City | State | ZIP Code | Contingent | | | | | | |
| Who incurred the debt? Ch | eck one. | | ☐ Unliquidated ☐ Disputed | | | | | | |
| Debtor 1 only | | | · | | | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | | | | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors | | | Student loans | that | | | | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| Check if this claim is fo | • | | Debts to pension or profit-sharing plans, and other similar de | ebts | | | | | |
| Is the claim subject to offs No | et? | | ☑ Other Specify Collection Account | | | | | | |
| Maria No ☐ Yes | | | | | | | | | |

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Debtor 1

Josie

Document Griffin

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Case number (if known)_

Part 2:

| er listing any entries on this pag | je, number th | em beginning with 4 | l.4, followed by 4.5, and so forth. | То | tal claim |
|---|---------------|---------------------|---|----|-----------|
| Sw Credit System | | | Last 4 digits of account number 1 1 6 4 | \$ | 520.0 |
| Nonpriority Creditor's Name 5910 W Plano Pkwy Suite | 100 | | When was the debt incurred? 02/11/2017 | | |
| Number Street Plano | TX | 75093 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check or | 10 | | Unliquidated | | |
| Debtor 1 only | ιο, | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | . 41 | | ☐ Student loans | | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| ☐ Check if this claim is for a co | mmunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? If No | | | ☑ Other. Specify Collection Account | | |
| Yes | | | | | |
| Sprint Nextel Correspondence Attn Bankruptcy Dept. | | | Last 4 digits of account number 1 1 6 4 | \$ | 611.0 |
| Nonpriority Creditor's Name Po Box 7949 | | | When was the debt incurred? 06/30/2015 | | |
| Number Street Overland Park | KS | 66207 | As of the date you file, the claim is: Check all that apply. | | |
| City | State | ZIP Code | Contingent | | |
| Who incurred the debt? Check on | | | Unliquidated | | |
| Debtor 1 only | | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| At least one of the debtors and ar | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| Check if this claim is for a co | mmunity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| Is the claim subject to offset? | | | ☑ Other. Specify Collection Account | | |
| ☑ No □ Yes | | | | | |
| Barry A Chatz Saul Ewing | Arnstein & | Lehr Llp | Last 4 digits of account number 1 1 6 4 | \$ | 700.0 |
| Nonpriority Creditor's Name 161 North Clark Street Sui | | | When was the debt incurred? 03/03/2014 | | |
| Number Street Chicago | IL | 60601 | As of the date you file, the claim is: Check all that apply. | | |
| Chicago | State | ZIP Code | ☐ Contingent | | |
| 18fford fragger of the district Office of | | | ☐ Unliquidated | | |
| Who incurred the debt? Check on Debtor 1 only | С. | | ☐ Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| At least one of the debtors and ar | nother | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a co | mmunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | | | | | |
| Is the claim subject to offset? | | | Other. Specify Collection Account | | |

Case 18-18599 Josie

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Debtor 1

| | if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|--|--|
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| Name | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Tart 2. Stations Wall Northwest State College |
| | Last 4 digits of account number |
| City State | ZIP Code |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |
| City State NEW TO STORY OF THE TOTAL SHARE SHAR | |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | Line of (Check analy D. Bort 4: Craditions with Driville, Hanney and Olsies |
| lumber Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |
| ity State | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |
| City State : | IP Code Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| атпе | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lurnber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| Sity State 2 | Last 4 digits of account number |
| nny. Na transferietaine transferiet fra fra a chealtas anno en trensferier improve transferiet arquit a quantum accus que partir. | Will all the Properties of the |
| ame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| Dity State Z | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| lame | |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| | Part 2: Creditors with Nonpriority Unsecured Claims |
| | |
| Dity State 7 | Last 4 digits of account number |

State

ZIP Code

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Debtor 1

Josie

Document

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Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | Total claim |
|--------------|---|-----|--------------|
| Total claims | 6a. Domestic support obligations | 6a. | \$0.00 |
| from Part 1 | 6b. Taxes and certain other debts you owe the government | 6b. | \$0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$0.00 |
| | 6e. Total. Add lines 6a through 6d. | 6e. | \$0.00 |
| | | | Total claim |
| Total claims | 6f. Student loans | 6f. | \$48,455.00 |
| from Part 2 | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 |
| | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + s70,413.00 |
| | 6j. Total. Add lines 6f through 6i. | 6j. | £ 118,868.00 |

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| | | | | | P34 | | |
|---------------------------|--|--------------------|--------------------------|-----------------|--|--|--|
| -ill in this i | nformation to | identify your o | case: | | | | |
| Debtor | Josie A. | Griffin | ldle Name | Last Name | | | |
| Debtor 2 | rast wante | | | | | anni periminana | |
| Spouse If filing) | | | dle Name | Last Name | | | |
| United States | Bankruptcy Cou | rt for the: North∈ | ern District of Illinois | | • | | |
| Case number (If known) | Lile with the same of the same | | | | | | ☐ Check if this is |
| (II KHOWH) | | | 100 00000 | | | | amended filing |
| Afficial I | Form 10 | 8C | | | • | | |
| | | | ory Contra | acts a | nd Ur | nexpired Lea | ases 12/15 |
| | | | | | | | |
| formation. | If more space | is needed, co | py the additional p | age, fill it ou | ig togetne it, number | r, both are equally respo the entries, and attach i | onsible for supplying correct it to this page. On the top of any |
| ditional pa | ges, write you | ır name and c | ase number (if kno | wn). | | | |
| Daview | haun anu avaa | utom contrac | ts or unexpired lea | 15057 | | | |
| | | | | | chedules. | You have nothing else to r | report on this form. |
| | | | | | | on Schedule A/B: Proper | |
|) lietean: | aratoly each n | erson or comi | nany with whom vo | ou have the o | ontract or | lease. Then state what | each contract or lease is for (for |
| example | , rent, vehicle | lease, cell ph | one). See the instru | ctions for this | form in the | e instruction booklet for m | ore examples of executory contracts a |
| unexpire | d leases. | | | | | | |
| | | | | | | $(x,y) \in X_{k}(y) \cap Y_{k}(y)$ | 中国的第三人称单数发展的重要 |
| Person (| or company w | ith whom you | have the contract | or lease | | State what the contra | act or lease is for |
| | | | | | | | |
| | am Jacobs | | | | Ар | artment Rental | |
| Name 14613 | S. Wabash | | | | | | |
| Number | Street | | | | | | |
| Dolton | | IL. | 60419 | | <u> </u> | | |
| City | | State | ZIP Code | | to the second se | the participant of the American space of the State of the | - 14 to 2 to September 2002 to 2 |
| 2 | | | | | | | |
| Name | | | | | | | |
| Number | Street | 4, | | | | | |
| Hamber | Otroci | | | | | | |
| City | Alexander . | State | ZIP Code | | and the second | sa nasa nga karanana na n | rross of distall, have be become statistically be about the control of a finite of the control o |
| .3 | | | | | | | |
| Name | | | | | | | |
| Nemeleon | Street | | | | | | |
| Number | Street | | | | | | |
| City | satura and the control of the contro | State | ZIP Code | | | e e i de la company de la comp | وه ارسان در در ای در این در این در این این در این این است. این |
| .4 | | | | | | | |
| Name | | | | | ····· | | |
| | | | | | | | |
| Number | Street | | | | | | |
| City | | State | ZIP Code | | | gragician in the compression of | ilan er en er elle forman er 1997 – en en er som vinnligt vinner innbestrukter innbestrukter i vergepippelle hange |
| | areas a second | | · | | | | |
| | | | | | | | |
| Name | | | | | | | |
| Name | | | | | | | |

City

State

ZIP Code

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Josie A. Griffin Case number (if known Debtor 1 **Additional Page if You Have More Contracts or Leases** What the contract or lease is for Person or company with whom you have the contract or lease 22 Name Number Street City State ZIP Code Name Street Number State ZIP Code City Name Number Street City State ZIP Code 2.__ Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code 2.__ Name Number Street City ZIP Code 2.__ Name Number Street City State ZIP Code 2._ Name Number Street State ZIP Code City

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| Fill in this information to identify your case: | |
|---|---|
| Debtor 1 Josie A. Griffin | |
| First Name Middle Name Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name | .: |
| United States Bankruptcy Court for the: Northern District of Illinois | |
| Case number (if known) | ☐ Check if this is an |
| (ii Allowiy | amended filing |
| Official Form 106H | |
| Schedule H: Your Codebtors | 12/15 |
| Codebtors are people or entities who are also liable for any debts yo | ou may have. Be as complete and accurate as possible. If two married people it information. If more space is needed, copy the Additional Page, fill it out, il Page to this page. On the top of any Additional Pages, write your name and |
| 1. Do you have any codebtors? (If you are filing a joint case, do not in | St entitle spoude do d oversterry |
| □ Vas | |
| Within the last 8 years, have you lived in a community property Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto | state or territory? (Community property states and territories include Rico, Texas, Washington, and Wisconsin.) |
| No. Go to line 3. | th you at the time? |
| Yes. Did your spouse, former spouse, or legal equivalent live wit | in you at the time: |
| □ No □ Yes In which community state or territory did you live? | . Fill in the name and current address of that person. |
| 1 | |
| Name of your spouse, former spouse, or legal equivalent | |
| Number Street | |
| City State | ZIP Code |
| In Column 1, list all of your codebtors. Do not include your spot shown in line 2 again as a codebtor only if that person is a gua Schedule D (Official Form 106D), Schedule E/F (Official Form 10 Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor | column 2: The creditor to whom you owe the debt |
| | Check all schedules that apply: |
| 3.1 | Schedule D, line |
| Name | ☐ Schedule E/F, line |
| Number Street | ☐ Schedule G, line |
| Cita | ZIP Code |
| City State | |
| Name | Schedule D, line |
| | Schedule E/F, line |
| Number Street | Goriodate O, into |
| City State | ZIP Code |
| 3.3 | Schedule D, line |
| Name | Schedule E/F, line |
| Number Street | ☐ Schedule G, line |

State

ZIP Code

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Debtor 1

| Josie | A. | Griffin | |
|------------|----|-------------|-----------|
| First Name | | Middle Name | Last Name |

Case number (if known)_____

| Col | umn 1: Your codebtor | | Column 2: The creditor to whom you owe the deb |
|------|--|--|--|
| 00. | | | Check all schedules that apply: |
| | | | ☐ Schedule D, line |
| Na | me | ; | ☐ Schedule E/F, line |
| Nu | mber Street | | ☐ Schedule G, line |
| Cit | y State | ZIP Code | |
| | | | ☐ Schedule D, line |
| Na | me | | Schedule E/F, line |
| | | | ☐ Schedule G, line |
| Νι | imber Street | | |
| 70 | y State | ZIP Code | |
| | y | | FD O to dale D time |
| N1- | ane | | Schedule D, line |
| ł Ni | and | | Schedule E/F, line |
| N | umber Street | the state of the s | ☐ Schedule G, line |
| ō | ty State | ZIP Code | |
| | The second secon | | Schedule D, line |
| Ñ | ane | | Schedule E/F, line |
| | | | Schedule G, line |
| Ñ | umber Street | | Cal Scriedule C, and |
| Ō | ity State | ZIP Code | |
| | | | ☐ Schedule D, line |
| Ñ | ame | | Schedule E/F, line |
| | | | ☐ Schedule G, line |
| Ň | lumber Street | | |
| | City State | ZIP Code | |
| | | | ☐ Schedule D, line |
| ř | lame | | ☐ Schedule E/F, line |
| | Number Street | | ☐ Schedule G, line |
| ı | Number Street | | |
| | Sity State | ZIP Code | and the second s |
| | | | Schedule D, line |
| ۱ ل | vame | | ☐ Schedule E/F, line |
| | | | ☐ Schedule G, line |
| 1 | Number Street | | |
| : | City State | ZIP Code | |
| J | | | Schedule D, line |
| | Name | | ☐ Schedule E/F, line |
| | | | Schedule G, line |
| | Number Street | | ······································ |
| | City. State | ZIP Code | |
| | City State | ***** | |

| | | | | YANY XAN | | |
|---|---|---|--------------------------|--|--|--|
| Fill in this information to identify | y your case: | | | | | |
| Debtor 1 Josie A. Gri | iffin Middle Name | Last Name | | | | |
| Debtor 2 | | S 1 1 5 | | - | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the | : Northern District of Hillions | | | Ob a stali | Alexander in a | |
| Case number(If known) | | | | Check if | tnis is: mended filling | |
| | | | | | oplement showing postpetition chapte | er 13 |
| | | | | incor | ne as of the following date: | |
| Official Form 106I | | - | | MM / | DD / YYYY | |
| Schedule I: Yo | ur Income | | | | 12/1 | 15 |
| | you are married and not no ouse is not filing with you, ne top of any additional pa | do not include inf | ormati | on about vour St | tor 2), both are equally responsible for you, include information about your s ouse. If more space is needed, attach a known). Answer every question. | |
| 1. Fill in your employment | | | | From the | Debtor 2 or non-filing spouse | |
| information. | | Debtor 1 | acustica ration estimate | Major established and the control of the state of the state of the control of the | ранго 750 i под при под при под при под при под при под при под | THE PERSON NAMED IN COLUMN 2 I |
| If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☑ Employed ☐ Not employ | ed′ | | ☐ Employed ☐ Not employed | |
| Include part-time, seasonal, or self-employed work. | | Nicona | | | | 1 |
| Occupation may include studer or homemaker, if it applies. | Occupation it | <u>Nurse</u> | | | | |
| : | Employer's name | RCM | | | | |
| | Employer's address | 33 N Dearbo | | | Number Street | |
| | | • | | | | |
| | | Chicago | | IL 60602 | | |
| | | City | State | ZIP Code | City State ZIP Cod | de |
| i . | How long employed th | ere? 2yrs | | | 2yrs | |
| Part 2: Give Details Abo | out Monthly Income | | | | | |
| | of the date you file this for | yer, combine the inf | | | write \$0 in the space. Include your non-fi | ling |
| | | | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| List monthly gross wages, s deductions). If not paid month | salary, and commissions (I nly, calculate what the month | before all payroll ly wage would be. | 2. | \$ <u>2,553.00</u> | \$ | |
| 3. Estimate and list monthly o | vertime pay. | | 3. | +\$0.00 | + \$ | |
| 4. Calculate gross income. Ad | d line 2 + line 3. | | 4. | \$ <u>2,553.00</u> | \$ | |

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Griffin Case number (if known). Josie Debtor 1 First Name For Debtor 1 For Debtor 2 or non-filing spouse 2,553.00 Copy line 4 here..... 5. List all payroll deductions: 272.00 5a. 5a. Tax, Medicare, and Social Security deductions 0.00 5b. 5b. Mandatory contributions for retirement plans 0.00 5c. 5c. Voluntary contributions for retirement plans 0.00 5d. 5d. Required repayments of retirement fund loans 0.00 5e. 5e. Insurance 0.00 5f. 5f. Domestic support obligations 0.00 5g. 5g. Union dues 0.00 5h. 5h. Other deductions. Specify: 272.00 Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 6. 2,281.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 8a. monthly net income. 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 8c. settlement, and property settlement. 0.00 8d. 8d. Unemployment compensation 0.00 8e. 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 8f. Specify: 0.00 8g. 8g. Pension or retirement income 0.00 8h. 8h. Other monthly income. Specify: 0.00 9 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 2,281.00 2,281.00 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2.281.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? MO. Yes, Explain:

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| Fill in this information to identify your case: | / | | | |
|--|---|---|--|--|
| Debtor 1 Josie A. Griffin First Name. Middle Name Last Name | Check | k if this is: | | |
| Debtor 2 | 🖸 Ar | n amended filing | | |
| (Spouse, if filing) First Name Middle Name Last Name | | supplement show | wing postr | etition chapter 13 |
| United States Bankruptcy Court for the: Northern District of Illinois | | openses as of the | e tollowing | date: |
| Case number(If known) | | W / DD / YYYY | | |
| Official Form 106J | | | | |
| Schedule J: Your Expenses | | | | 12/15 |
| Be as complete and accurate as possible. If two married people are filinformation. If more space is needed, attach another sheet to this form (if known). Answer every question. | ng together, both are equ . On the top of any additi | ally responsible ional pages, write | for supplyi your nam | ng correct e and case number |
| Part 1: Describe Your Household | | | | |
| 1. Is this a joint case? | 1 2+4 | | | |
| ✓ No. Go to line 2.☐ Yes, Does Debtor 2 live in a separate household? | | | | |
| ☐ No | | | | |
| Yes. Debtor 2 must file Official Form 106J-2, Expenses for S | Separate Household of Deb | otor 2. | more Arabay of States & States | enselvante en execute animale sur-pers pour est un alleinate animales animales animales en est en en est en en |
| 2. Do you have dependents? ☐ No Do not list Debtor 1 and ☑ Yes. Fill out this information for | Dependent's relationship to Debtor 1 or Debtor 2 | to Deş age | endent's | Does dependent live with you? |
| Debtor 2. each dependent | Daughter | 14 | NO SERVICE CONTRACTOR OF THE PROPERTY OF THE P | □ No |
| Do not state the dependents' names. | | | | ☑ Yes ☐ No |
| | Daughter | <u></u> | | Yes |
| | | | | □ No |
| | | | | Yes |
| | | | | U No □ Yes |
| | | | | □ No |
| | | | | ☐ Yes |
| 3. Do your expenses include expenses of people other than yourself and your dependents? | | | man a sum of the state of the s | an ang paga a a a a a a a a a a a a a a a a a |
| Part 2: Estimate Your Ongoing Monthly Expenses | | | | |
| Estimate your expenses as of your bankruptcy filling date unless you expenses as of a date after the bankruptcy is filed. If this is a supplem applicable date. | are using this form as a s ental <i>Schedule J</i> , check | supplement in a C the box at the top | hapter 13 of the for | case to report m and fill in the |
| Include expenses paid for with non-cash government assistance if yo | u know the value of | | Your expe | enses |
| such assistance and have included it on Schedule I: Your Income (Off | | and | enterprise de la composition della composition d | 700 00 |
| The rental or home ownership expenses for your residence. Include any rent for the ground or lot. | e mer mondade baymente | 4. | \$ | 700.00 |
| If not included in line 4: | | 4a. | \$ | 0.00 |
| 4a. Real estate taxes | | 4b. | \$ | 0.00 |
| 4b. Property, homeowner's, or renter's insurance | | 4c, | \$ | 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | | 4d. | s | 0.00 |
| 4d. Homeowner's association or condominium dues | | TU. | · | |

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Case number (if known)___

Griffin

Josie

Debtor 1

Last Name First Name Your expenses 0.00 5. Additional mortgage payments for your residence, such as home equity loans Utilities: 60.00 6a Electricity, heat, natural gas 0.00 6b Water, sewer, garbage collection 161.00 6с Telephone, cell phone, Internet, satellite, and cable services 60 0.00 6d Other. Specify: _ 6d. 300.00 7. 7 Food and housekeeping supplies 200.00 8 Childcare and children's education costs 100.00 9. Clothing, laundry, and dry cleaning 150.00 10. Personal care products and services 0.00 11 Medical and dental expenses 200.00 Transportation. Include gas, maintenance, bus or train fare. 12. 12. Do not include car payments. 0.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 0.00 Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 0.00 15a 15a. Life insurance 0.00 15b. 15b. Health insurance 130.00 15c. 15c. Vehicle insurance 0.00 15d 15d. Other insurance. Specify:____ Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 0.00 16 Specify: _ Installment or lease payments: 261.00 17a 17a. Car payments for Vehicle 1 0.00 17b. 17b. Car payments for Vehicle 2 0.00 17c. 17c. Other. Specify: 0.00 17d 17d. Other. Specify: Your payments of alimony, maintenance, and support that you did not report as deducted from 0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). Other payments you make to support others who do not live with you. 0.00 19 Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 0.00 20a 20a. Mortgages on other property 0.00 20b. 20b. Real estate taxes 0.00 20c. 20c. Property, homeowner's, or renter's insurance 0.00 20d. 20d. Maintenance, repair, and upkeep expenses 0.00 \$_ 20e. 20e. Homeowner's association or condominium dues

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| Debtor 1 | Josie A. Griffin First Name Middle Name Last Name | Case number (if know | n) | |
|------------------|---|--|------|--|
| 21. Otl | ner. Specify: | - | 21. | +\$ 0.00 |
| 22. Ca l | culate your monthly expenses. | | | The second secon |
| 228 | a. Add lines 4 through 21. | | 22a. | \$2,262.00 |
| 22t | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | 22b. | \$0.00 |
| | c. Add line 22a and 22b. The result is your monthly expenses. | | 22c. | \$ 2,262.00 |
| 23. Cal e | culate your monthly net income. | | | s 2,281.00 |
| 23a. | Copy fine 12 (your combined monthly income) from Schedule I. | | 23a. | 0.000.00 |
| 23b. | Copy your monthly expenses from line 22c above. | | 23b. | -\$ 2,262.00 |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | | 23c. | \$ 19.00 |
| 24. Do | you expect an increase or decrease in your expenses within the year | after you file this form? | | |
| For | example, do you expect to finish paying for your car loan within the year or tgage payment to increase or decrease because of a modification to the to | or do you expect your | | |
| Ø | No | Security to the control of the security of the | | and the statement of the section of |
| | Yes. Explain here: | | | |
| | | | | |
| | : | | | |

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| ll in this in | formation to | dentify y | our case: | | | | | | | | | | | | |
|----------------------------|---|---|--|--|----------------|--|------------------------|----------------------|----------------------|---------------------------|---------------|-----------|----------|------------|---------------|
| ebtor 1 | Josie A. | Griffi | n | | | | | | | | | | | | |
| - | First Name | | Middle Name | | Last Name | | | | | | | | | | |
| btor 2 ouse, if filing) | First Name | *************************************** | Middle Name | | Last Name | ······································ | - | | | | | | | | |
| ted States E | Bankruptcy Cour | t for the: N | lorthern Distri | ct of Illino | ois | | | | | | | | | | |
| se number | | | | | | | | | | | | | | | |
| knowny | | | | | | | | | | | | | | Check if | this is |
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| Decia | aratio | n Ar | out a | nın | aiviai | uait | Jе | OTO | r's : | o Cn | lea | ules | 5 | | 12/1 |
| ou must ti btaining n | noney or prop | erty by f | raud in conn | ection w | /ith a bankrup | otcy case | can | edules. result in | fines i | ip to \$2 | 250,000 | , or imp | risonmen | t for up | , ui o 20 |
| btaining n | noney or prop oth. 18 U.S.C. | erty by f §§ 152, ² | raud in conn 1341, 1519, ai | ection w | /ith a bankrup | otcy case | can | edules. result in | i fines i | ip to \$2 | 250,000 | , or imp | risonmen | t for up t | , or to 20 |
| | noney or prop | erty by f §§ 152, ² | raud in conn | ection w | /ith a bankrup | otcy case | can | edules. result in | fines (| ip to \$2 | 250,000 | , or imp | risonmen | t for up | 0 20 |
| obtaining m | noney or proporth, 18 U.S.C. Sign Below | eerty by f §§ 152, ′ | raud in conn | ection w | vith a bankrup | otcy case | can | result in | i fines i | ip to \$2 | 250,000 | , or imp | risonmen | t for up | 0 20 |
| obtaining m | noney or proporth, 18 U.S.C. Sign Below | eerty by f §§ 152, ′ | raud in conn 1341, 1519, ar | ection w | vith a bankrup | otcy case | can | result in | i fines i | ip to \$2 | 250,000 | , or imp | risonmen | t for up | 0 20 |
| Did you | noney or proporth, 18 U.S.C. Sign Below | to pay se | raud in conn 1341, 1519, ar | ection w | vith a bankrup | otcy case | can u fill | result in | rfines (| forms | ? ? | , or imp | risonmen | | o 20 |
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| Did you No Yes. | sign Below pay or agree Name of person | to pay so | raud in conn 1341, 1519, ar omeone who | ection was a section with a section was a section with a section w | an attorney to | o help yo | u fill . Att Sig | out bank | kruptcy ruptcy Pe | forms* tition Prim 119). | ? eparer's | Notice, D | | | (o 20 |
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| Did you No Yes. | sign Below pay or agree Name of person | to pay so | raud in conn 1341, 1519, ar omeone who | ection was a section with a section was a section with a section w | an attorney to | o help yo | u fill Att Sig | out bank | kruptcy ruptcy Pe | forms* tition Prim 119). | ? eparer's | Notice, D | | | (o 20 |

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| other than where y | rou live now? | |
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| 4 | e where you live now. | Share Debtor 2 |
| Dates Debtor 1 | | Dates Debtor 2 lived there |
| Dates Debtor 1 | e where you live now. Debtor 2: | |
| Dates Debtor 1 | e where you live now. | lived there Same as Debtor 1 |
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| Pates Debtor 1 lived there From To | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State ZIP C Number Street | From Same as Debtor 1 From To Same as Debtor 1 From From Same as Debtor 1 |
| | ed people are filing te sheet to this for tus and Where Y | ed people are filing together, both are equally responsible for the sheet to this form. On the top of any additional pages, write and Where You Lived Before |

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| Josie A. Griffin | Vana - | Case Itu | nber (if known) | |
|--|---|---|--|---|
| First Name Middle Name Last N | vame | | | |
| old you have any income from employmen ill in the total amount of income you received you are filing a joint case and you have inco | i from ail jobs and all busi | nesses, including part-tin | ne activities. | dar years? |
| No The state of th | | e D | | |
| Yes. Fill in the details. | Debtor 1 | | Debtor 2 | |
| | Sources of income | Gross income | Sources of income | Gross income |
| | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commissions, bonuses, tips | \$8,286.00 | Wages, commissions, bonuses, tips | \$ |
| | Operating a business | and the second second | Operating a business | |
| For last calendar year: | ✓ Wages, commissions, bonuses, tips | \$32,306.00 | Wages, commissions, bonuses, tips | \$ |
| (January 1 to December 31, 2017 YYYY | Operating a business | | Operating a business | محمدت والمحروب |
| For the calendar year before that: | Wages, commissions, bonuses, tips | 05.074.00 | Wages, commissions, bonuses, tips | _ |
| = | Operating a business | \$ 25,271.00 | Operating a business | \$ |
| nclude income regardless of whether that inc | his year or the two previo | of other income are alim ome; interest; dividends; | money collected from laws: | uts; royaities; and |
| Did you receive any other income during the notice income regardless of whether that incoment, and other public benefit payment, and other public benefit payment and lottery winnings. If you are filing and source and the gross income from each source. | his year or the two previous come is taxable. Examples nents; pensions; rental inco g a joint case and you have | of other income are aling ome; interest; dividends; e income that you receive | money collected from lawsu ed together, list it only once | uits; royaities; and |
| Did you receive any other income during the notice income regardless of whether that incure memployment, and other public benefit payment and lottery winnings. If you are filing and source and the gross income from each source. | his year or the two previous ome is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. De | of other income are aling ome; interest; dividends; e income that you receive | money collected from lawst ed together, list it only once t you listed in line 4. | uts; royanies; and |
| Did you receive any other income during the notion of income regardless of whether that income income, and other public benefit payment, and other public benefit paymenthing and lottery winnings. If you are filing it each source and the gross income from each source. | his year or the two previous come is taxable. Examples nents; pensions; rental inco g a joint case and you have | of other income are alimome; interest; dividends; e income that you receive o not include income that | money collected from lawst ed together, list it only once t you listed in line 4. Debtor 2 | under Debtor 1. |
| bid you receive any other income during the clude income regardless of whether that income property and other public benefit payment, and other public benefit payment ambling and lottery winnings. If you are filing its each source and the gross income from each | his year or the two previous ome is taxable. Examples nents; pensions; rental incog a joint case and you have each source separately. De | of other income are aling ome; interest; dividends; e income that you receive | money collected from lawst ed together, list it only once t you listed in line 4. | under Debtor 1. Gross income from each source |
| id you receive any other income during the clude income regardless of whether that income property and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each source and the gross income from each yes. Filt in the details. | his year or the two previous previous is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Department of the previous partment of the previous | of other income are alimome; interest; dividends; e income that you receive to not include income that Gross income from each source (before deductions and | money collected from lawsted together, list it only once tyou listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and |
| bid you receive any other income during the clude income regardless of whether that income properties and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each source and the gross income from each yes. Filt in the details. | his year or the two previous previous is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Department of the previous partment of the previous | of other income are alimome; interest; dividends; e income that you receive to not include income that the income that the income that the income from each source (before deductions and exclusions) | money collected from lawsted together, list it only once tyou listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and |
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| id you receive any other income during the clude income regardless of whether that income memployment, and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each source and the gross income from each source. No Yes. Filt in the details. From January 1 of current year until the date you filed for bankruptcy: | his year or the two previous previous is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Department of the previous partment of the previous | of other income are alimome; interest; dividends; e income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$ | money collected from lawsted together, list it only once to you listed in line 4. Debtor 2 Sources of income Describe below. | under Debtor 1. Gross income from each source (before deductions and |
| vid you receive any other income during the clude income regardless of whether that income property and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each of the year. It is the details. Yes. Filt in the details. From January 1 of current year until the date you filed for bankruptcy: | his year or the two previous previous is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Department of the previous partment of the previous | of other income are alimome; interest; dividends; e income that you receive to not include income that the income that the income that the income from each source (before deductions and exclusions) | money collected from lawsted together, list it only once to you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and |
| bid you receive any other income during the clude income regardless of whether that income memployment, and other public benefit paymembling and lottery winnings. If you are filing its each source and the gross income from each of the year. No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2017) | his year or the two previous previous is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Department of the previous partment of the previous | of other income are alimome; interest; dividends; e income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$ | money collected from lawsted together, list it only once to you listed in line 4. Debtor 2 Sources of income Describe below. | under Debtor 1. Gross income from each source (before deductions and |
| Did you receive any other income during the include income regardless of whether that income memployment, and other public benefit payment gambling and lottery winnings. If you are filling it each source and the gross income from a No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2017 | his year or the two previous previous is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Department of the previous partment of the previous | of other income are alimome; interest; dividends; e income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$ | money collected from lawsted together, list it only once to you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and |
| Did you receive any other income during the include income regardless of whether that income pullic benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from each No Yes. Fill in the details. From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2017 | his year or the two previous previous is taxable. Examples nents; pensions; rental income a joint case and you have each source separately. Department of the previous partment of the previous | of other income are alimome; interest; dividends; e income that you receive to not include income that Gross income from each source (before deductions and exclusions) \$ | money collected from lawsted together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and |

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| 1 30 | | Last Name | | | | |
|--------|---|--|----------------------------------|---|--|--|
| rirs | t Name Middle Name | | | | | |
| | st Certain Payments Yo | w Made Refor | e You Filed | for Bankruptcv | | |
| 3: Lis | it Certain Payments 10 | ou made below | | | | |
| | m . 1 (4) | abto asimarily oo | neumor dobt | e? | | |
| | Debtor 1's or Debtor 2's de | | | | ara dafinad in 11 II C C R | 101/8\ ac |
| "ir | either Debtor 1 nor Debtor ncurred by an individual prim | narily for a person | al, family, or h | ousehold purpose." | | 101(0) 43 |
| Dı | uring the 90 days before you | ı filed for bankrup | tcy, did you pa | ay any creditor a total o | of \$6,425* or more? | |
| | No. Go to line 7. | | | | | |
| | child support and alir | d that creditor. Do nony. Also, do no | not include pa t include payn | ayments for domestic s nents to an attorney for | support obligations, such a r this bankruptcy case. | 3\$ |
| * (| Subject to adjustment on 4/0 |)1/19 and every 3 | years after th | at for cases filed on or | after the date of adjustme | ent. |
| Yes. D | ebtor 1 or Debtor 2 or both | n have primarily | consumer de | bts. | | |
| D | uring the 90 days before you | ı filed for bankrup | tcy, did you pa | ay any creditor a total o | of \$600 or more? | |
| Z | No. Go to line 7. | | | | | |
| | Yes. List below each cred | itor to whom you: | paid a total of | \$600 or more and the | total amount you paid tha | t |
| | creditor. Do not inclu | ide payments for a | domestic supp | ort obligations, such a ey for this bankruptcy o | is child support and | |
| | aamony, 200, do not | (morado paymon | | . , | | |
| | | | | | | i tara abia manamantifor |
| | | | Dates of payment | Total amount paid | Amount you still owe | was this payment for |
| | | | Dates of payment | | Amount you still owe | |
| | Creditor's Name | | | Total amount paid | Amount you still owe | |
| | Creditor's Name | | | | Amount you still owe | ☐ Mortgage |
| | Creditor's Name Number Street | | | | \$\$ | |
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| tor 1 | Josie A. Griffin | | *** | Case number (if known) | |
|-----------------------|---|-------------------------------------|---|---|--|
| | First Name Middle Name Last Name | | | | |
| Insid corp ager | nin 1 year before you filed for bankruptcy, did y ders include your relatives; any general partners; no orations of which you are an officer, director, persont, including one for a business you operate as a so as child support and alimony. | elatives of any on in control, o | general partners; p or owner of 20% or r | artnerships of whic nore of their voting | h you are a general partner; securities; and any managing |
| <u>₹</u> | No. | | | | |
| | Yes. List all payments to an insider. | | , , ³ | | |
| | • | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | | | \$ | \$ | |
| | Insider's Name | | | | |
| | Number Street | · | | | |
| | Number Street | | <u>:</u> | | - |
| | | | | | |
| | City State ZIP Code | | | | : |
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| | Number Street | | * | | |
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| | | | | | |
| | City State ZIP Code | | | | |
| inclu 1 | nsider? ude payments on debts guaranteed or cosigned by No Yes. List all payments that benefited an insider. | Pates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | | | \$ | . \$ | |
| | Insider's Name | | | | |
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| | en e | | | | The state of the same transfer and the property of the same of the same and the same of th |
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| | Insider's Name | | | | |
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| | City State 7IP Code | | | | l de la companya de |

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Case number (if known)____

| Identify Legal Actions, Reportition 1 year before you filed for bankru st all such matters, including personal injuries. | infov. were you | a party in | anv lawsu | it, court action, es, collection suit | or adminis | trative procee | ding? ort or custody modification |
|---|--|---|--|--|------------|------------------|---------------------------------------|
| nd contract disputes. | | | | | | | |
| 1 No | | | | | | | |
| Yes. Fill in the details. | | | erikan dia salah sal Salah salah sa | v. e e | | | e e e e e e e e e e e e e e e e e e e |
| | Nature of the | | ng en inde Energia | Court or agend | Э У | | Status of the case |
| | | | | | | | Pending |
| Case title | | | | Court Name | | | On appeal |
| | | | .* | Number Street | | | Concluded |
| | | | ٠. | Number Street | | | |
| Case number | _ | | • | City | State | ZIP Code | |
| | | | | | | | |
| | 1 | | | | | | Pending |
| Case title | | | | Court Name | | | On appeal |
| | | | | Number Street | | | Concluded |
| | | | | , and a second | | | |
| Case number | | | • | City | State | ZIP Code | ranners mendd |
| Vithin 1 year before you filed for bankru theck all that apply and fill in the details be No. Go to line 11. | uptcy, was any o | of your pro | perty repo | ossessed, forecl | osed, garn | ished, attache | |
| theck all that apply and fill in the details be No. Go to line 11. | elow. | of your pro | | ossessed, forecl | osed, garn | ished, attache | |
| theck all that apply and fill in the details be No. Go to line 11. | elow. | | | ossessed, forecl | osed, garn | . es es es es es | ng na manggapanan |
| heck all that apply and fill in the details be No. Go to line 11. | elow. | | | ossessed, forecl | osed, garn | . es es es es es | ng na manggapanan |
| heck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name | elow. | escribe the | property | ossessed, forect | osed, garn | . es es es es es | ্ব - প্রক্রিয়ার করিব |
| heck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. | elow. | escribe the | property happened | | osed, garn | . es es es es es | ng na manggapanan |
| heck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name | elow. | escribe the xplain what | property happened y was repo | ssessed. | osed, garn | . es es es es es | ng a na na na naggatanin |
| Theck all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below. Creditor's Name | elow. | escribe the xplain what Property | property happened y was repo y was forec | ssessed. | osed, gam | . es es es es es | ng na manggapanan |
| Creditor's Name Number Street | elow. | xplain what Property Property Property | happened y was repo y was garn | ssessed. | | . es es es es es | ্ব - প্রক্রিয়ার করিব |
| Creditor's Name Number Street | elow. | xplain what Property Property Property | happened y was repo y was forec y was garn y was attac | ssessed. closed. ished. | | . es es es es es | Value of the property S |
| Creditor's Name Number Street | elow. | xplain what Property Property Property Property | happened y was repo y was forec y was garn y was attac | ssessed. closed. ished. | | Date | Value of the property S |
| Creditor's Name Number Street | elow. | xplain what Property Property Property Property | happened y was repo y was forec y was garn y was attac | ssessed. closed. ished. | | Date | and the second second |
| Creditor's Name Number Street | elow. | xplain what Property Property Property Property | happened y was repo y was forec y was garn y was attac | ssessed. closed. ished. | | Date | Value of the property S |
| Creditor's Name Number Street City State Zif | elow. | xplain what Property Property Property Property | happened y was repo y was forec y was garn y was attac | ssessed. closed. ished. ched, seized, or le | | Date | Value of the property S |
| Creditor's Name Number Street City State Zif | elow. | xplain what Property Property Property Property | happened y was repo y was fored y was garn y was attac | ssessed. closed. ished. | | Date | Value of the property S |
| Creditor's Name Creditor's Name Creditor's Name Creditor's Name | elow. E C C C C C C C C C C C C C C C C C C | xplain what Property Property Property Property | happened y was repo y was fored y was garn y was attac property | ssessed. closed. ished. ched, seized, or le | | Date | Value of the property S |
| Creditor's Name Creditor's Name Creditor's Name Creditor's Name | elow. E C P Code D | xplain what Property Property Property Property | happened y was repo y was garn y was attac property happened | ssessed. closed. ished. ched, seized, or le | | Date | Value of the property S |
| Creditor's Name Creditor's Name Creditor's Name Creditor's Name | elow. E C C C C C C C C C C C C C C C C C C | xplain what Property | happened y was repo y was fored y was garn y was attac property | ssessed. closed. ished. ched, seized, or le | | Date | Value of the property |

Josie A. Griffin

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| hin 90 days before you filed for bankrup | otcy, did any creditor, including a bank or financial institu | tion, set off any an | nounts from your |
|---|--|-----------------------------|----------------------|
| ounts or refuse to make a payment beca | ause you owed a debt? | | |
| No Yes. Fill in the details. | | | |
| 100. Fill his title destatio. | | Data satis- | Amount |
| | Describe the action the creditor took | Date action was taken | Ailvuit |
| Creditor's Name | and grade and the first transfer of the firs | | |
| | | | \$ |
| Number Street | · | | |
| | | | |
| | The state of the s | • | |
| City State ZIP Code | Last 4 digits of account number: XXXX | - | |
| | tcy, did you give any gifts with a total value of more than | \$600 per person? | |
| | | | |
| | | | |
| | | | n na markatak |
| | Describe the gifts | Dates you gave the gifts | Value |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 | Describe the gifts | Dates you gave the gifts | Value \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \text{Value} \\ \\$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | \text{Value} \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | Describe the gifts | Dates you gave the gifts | \text{Value} \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street | Describe the gifts | Dates you gave the gifts | \text{Value} \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | Describe the gifts | Dates you gave the gifts | \text{Value} \$ \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code | Describe the gifts | Dates you gave the gifts | \text{Value} \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | Describe the gifts Describe the gifts | Dates you gave | Value \$ Value |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | the gifts | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |
| Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person | | Dates you gave | \$ |
| Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift | | Dates you gave | \$ |

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| Josie A. Griffin | | nber (if known) |
|--|---|--|
| First Name Middle Name Las | t Name | |
| and a second second second | atau did yan aina any aista ay aansyihusiana wish | a total value of more than \$600 to any charity? |
| | ptcy, did you give any gifts or contributions with | a total value of more than 4000 to any onarry: |
| 2 No | : | |
| Yes. Fill in the details for each gift or cor | ATIDAROTI. | and the second of the second of the second |
| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you Value contributed |
| that total more trian 4000 | | |
| | | |
| Charity's Name | - ; | <u> </u> |
| Charly 5 Humo | <u> </u> | |
| | | <u> </u> |
| | | |
| Number Street | - | į |
| | | |
| | · | |
| City State ZIP Code | | |
| | | |
| planter of the state of the sta | | |
| 6: List Certain Losses | | |
| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pendir claims on line 33 of Schedule A/B: Property. | Date of your Value of property loss lost |
| | | |
| l l | | \$ |
| | | |
| : , gr. ii and i ya iya iin ing ii a iya iii a mimina mimiya para ii Sun arabiya ayan para para para ii da an ii da iin ga mimin | | |
| t 7: List Certain Payments or Tra | nsfers | |
| Within 1 year before you filed for bankrup | otcy, did you or anyone else acting on your behal | f pay or transfer any property to anyone |
| you consulted about seeking bankruptcy nclude any attorneys, bankruptcy petition p | reparers, or credit counseling agencies for services r | required in your bankruptcy. |
| Z I No | + * | |
| Yes. Fill in the details. | | en e |
| | Description and value of any property transferred | Date payment or Amount of payme |
| | | transfer was made |
| Person Who Was Paid | [1] Santagha Adharan and Santa Education (Starting) | A STATE OF THE PROPERTY OF THE |
| | | ¢ |
| Number Street | • | Ψ |
| | • | • |
| | | |
| City State ZIP Code | | |
| J., | | |
| Email or website address | | |
| Engli of Populo addition | | |
| Person Who Made the Payment, if Not You | | |

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| Comment of the assessment of the comment of the com | | a kangan lah malayan kanang muman semelapak selikis ke manun kejementan se Kanaman ang mengan kanang dibah se |
|--|--|---|
| | Description and value of any property transferred | Date payment or Amount of transfer was made payment |
| Person Who Was Paid | | |
| | | <u> </u> |
| Number Street | | \$ |
| | | |
| | | |
| City State ZIP Code | | |
| Email or website address | · ~ | |
| | A | |
| Person Who Made the Payment, if Not You | | |
| No Yes. Fill in the details. | | |
| 206. I III III UIG AGIAIIG. | Description and value of any property transferred | Date payment or Amount of paye transfer was made |
| Person Who Was Paid | The state of the S | , mau |
| Number Street | . | \$ |
| | | 1 |
| | - | <u></u> \$ |
| City State ZIP Code | ptcy, did you sell, trade, or otherwise transfer any property the business or financial affairs? | \$to anyone, other than property |
| thin 2 years before you filed for bankrup insferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you ha No | ptcy, did you sell, trade, or otherwise transfer any property to business or financial affairs? made as security (such as the granting of a security interest or no | |
| thin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you ha | ptcy, did you sell, trade, or otherwise transfer any property to business or financial affairs? made as security (such as the granting of a security interest or no | nortgage on your property). or payments received Date transi |
| thin 2 years before you filed for bankrup insferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you ha No | ptcy, did you sell, trade, or otherwise transfer any property to business or financial affairs? made as security (such as the granting of a security interest or not already listed on this statement. Description and value of property Describe any property | nortgage on your property). or payments received Date transi |
| thin 2 years before you filed for bankrup insferred in the ordinary course of your lude both outright transfers and transfers rot include gifts and transfers that you han No Yes. Fill in the details. | ptcy, did you sell, trade, or otherwise transfer any property to business or financial affairs? made as security (such as the granting of a security interest or not already listed on this statement. Description and value of property Describe any property | nortgage on your property). or payments received Date transi |
| chin 2 years before you filed for bankrup insferred in the ordinary course of your lude both outright transfers and transfers root include gifts and transfers that you hat No Yes. Fill in the details. Person Who Received Transfer | ptcy, did you sell, trade, or otherwise transfer any property business or financial affairs? made as security (such as the granting of a security interest or not already listed on this statement. Description and value of property transferred Describe any property or debts paid in exchange. | nortgage on your property). or payments received Date transi |
| chin 2 years before you filed for bankrup insferred in the ordinary course of your lude both outright transfers and transfers root include gifts and transfers that you han No Yes. Fill in the details. Person Who Received Transfer Number Street | ptcy, did you sell, trade, or otherwise transfer any property business or financial affairs? made as security (such as the granting of a security interest or not already listed on this statement. Description and value of property transferred Describe any property or debts paid in excha | nortgage on your property). or payments received Date transi |
| chin 2 years before you filed for bankrup insferred in the ordinary course of your lude both outright transfers and transfers in not include gifts and transfers that you have the No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code | ptcy, did you sell, trade, or otherwise transfer any property business or financial affairs? made as security (such as the granting of a security interest or not already listed on this statement. Description and value of property transferred Describe any property or debts paid in exchange. | nortgage on your property). or payments received Date transi |
| chin 2 years before you filed for bankrup insferred in the ordinary course of your lude both outright transfers and transfers root include gifts and transfers that you han No Yes. Fill in the details. Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you | ptcy, did you sell, trade, or otherwise transfer any property business or financial affairs? made as security (such as the granting of a security interest or not already listed on this statement. Description and value of property transferred Describe any property or debts paid in exchange. | nortgage on your property). or payments received Date transi |
| chin 2 years before you filed for bankrup nsferred in the ordinary course of your lude both outright transfers and transfers r not include gifts and transfers that you ha No Yes. Fill in the details. Person Who Received Transfer City State ZIP Code Person's relationship to you Person Who Received Transfer | ptcy, did you sell, trade, or otherwise transfer any property business or financial affairs? made as security (such as the granting of a security interest or not already listed on this statement. Description and value of property transferred Describe any property or debts paid in exchange. | nortgage on your property). or payments received Date transi |

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| otor 1 Josie A. Griffin | | Case number (if known) |
|--|---|--|
| First Name Middle Name Las | t Name | |
| | | |
| | | |
| TABLE 1 - 40 to four your filed for honker | untou did you transfer any proper | ty to a self-settled trust or similar device of which you |
| Within 10 years before you filed for bankr | uptcy, did you transier any proper | ty to a sen-solded tract of commen device of the sense of the |
| are a beneficiary? (These are often called a | asset-protection devices.) | |
| ☑ No | | |
| Yes. Fill in the details. | *. | |
| Tes. Fill in the details. | | |
| | Description and value of the prope | erty transferred Date transfer |
| | | was made |
| | | |
| No. or a section of | | |
| Name of trust | . | |
| | : | |
| | - | |
| | • | |
| | F-114 - 11 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| art 8: List Certain Financial Accoun | ts, Instruments, Safe Deposit | Boxes, and Storage Units |
| | | |
| Within 1 year before you filed for bankrup | orcy, were any financial accounts of | or instruments held in your name, or for your benefit, |
| closed, sold, moved, or transferred? | | to the state with at any in house prodifying |
| Include checking, savings, money marke | t, or other financial accounts; cert | ificates of deposit; shares in banks, credit unions, |
| brokerage houses, pension funds, coope | ratives, associations, and other fil | nancial institutions. |
| ☑ No | • | |
| Yes. Fill in the details. | | |
| 100,11111111111111111111111111111111111 | | Type of account or Date account was Last balance before |
| | Last 4 digits of account number | Type of account or Date account was Last balance before instrument closed, sold, moved, closing or transfer |
| | | or transferred |
| | | |
| Name of Financial Institution | | C) Observations |
| (Amile of Final) of the second | XXXX | Checking \$ |
| | _ | Savings |
| Number Street | | ☐ Money market |
| | _ | |
| | | ☐ Brokerage |
| City State ZIP Code | _ | Other |
| A Committee of the Comm | | |
| | | |
| | xxxx | ☐ Checking \$ |
| Name of Financial Institution | | ☐ Savings |
| | | |
| Number Street | _ | |
| | _ | ☐ Brokerage |
| | | Other |
| Pt-to ZID Codo | | Cure: |
| **** | | |
| City State ZIP Code | - | ☐ Money market ☐ Brokerage ☐ Other |
| _ | d come before you filed for boaten. | ptcy, any safe deposit box or other depository for |
| . Do you now have, or did you have within | i year before you med for bankin | healt and amin anhance and a contract and account and |
| securities, cash, or other valuables? | | |
| ☑ No | | |
| Yes, Fill in the details. | | |
| | Who else had access to it? | Describe the contents Do you sti |
| | | The state of the s |
| | | □ No |
| | | Yes |
| Name of Financial Institution | Name | |
| | | |
| Number Street | Number Street | |
| Manufacture Control | Hittings Ongot | |
| | | |
| | City State ZIP Code | |
| | | : |

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| or 1 JUSIE A. G | Name Last I | Name | | | e number (if known) | | | | |
|--|--|---|--|---|---|-------------|--------------------------|---|---------|
| Have you stored property i | n a storage unit o | or place other than ye | our home w | vithin 1 year | before you filed for | bankrup | tcy? | | |
| ☑ No ☐ Yes. Fill in the details. | | | | | | | | | |
| Tes. Fill in the details. | | Who else has or had | access to it | ? | Describe the conten | its | San Ha | | you sti |
| | | | 1.5 | : | | | | | e it? |
| | | N | | | | | | 1 | No |
| Name of Storage Facility | | Name | | : | | | | | Yes |
| Number Street | VIII.4644447 | Number Street | | | | | | | |
| Mediano | | City State ZiP Code | | | | | | | |
| City | State ZIP Code | • | | | | | | | |
| <u> </u> | siate zii oodo | | , j. w | | | | | | |
| rt 9: Identify Prope | erty You Hold o | or Control for Som | eone Else | • | | | | | |
| Do you hold or control an | y property that so | omeone else owns? | Include any | property yo | u borrowed from, a | are storin | g for, | | |
| or hold in trust for someo | | | • | | | | | | |
| ₩ No | | | | | | | | | |
| ☐ Yes. Fill in the details. | | 18th | | | Decaribe the arrange | . | | Value | |
| | | Where is the property | 7 | | Describe the propert | LY | | value | |
| | | | | | | | | | |
| | | | | | | | | | |
| Owner's Name | | | | | | | | \$ | |
| Owner's Name | | Number Street | | | | | | \$ | |
| | | Number Street | | | | | | \$ | |
| Number Street | | Number Street City | State | ZIP Code | | | | \$ | |
| Number Street | State ZIP Code | | State | ZIP Code | | | | \$ | |
| Number Street City | | | | ZIP Code | | | | | |
| Number Street City S Tt 10: Give Details | lbout Environn | City nental information | | ZIP Code | | | . , | A CONTRACT OF THE CONTRACT OF | |
| Number Street City Street Tt 10: Give Details I T the purpose of Part 10, the Environmental law means | About Environment following definitions and federal, state | City nental information iitions apply: e, or local statute or | regulation | concerning | pollution, contamin | ation, rel | eases of | ************************************** | |
| Number Street City S Tt 10: Give Details I The purpose of Part 10, the Environmental law means hazardous or toxic substa | About Environme following define any federal, statements, wastes, or | City nental information iitions apply: e, or local statute or material into the air, | regulation | concerning surface wat | er, groundwater, or | ation, rele | eases of | | |
| Number Street City Street The purpose of Part 10, the Environmental law means hazardous or toxic substaincluding statutes or regularity. | About Environment following defines any federal, statements, wastes, or allations controlling | City nental information nitions apply: e, or local statute or material into the air, ig the cleanup of the | regulation land, soil, se substan | concerning surface wate ces, wastes, | er, groundwater, or or material. | other me | edium, | | |
| City City City The purpose of Part 10, the Environmental law means hazardous or toxic substaincluding statutes or regulation, the means any location, the statutes of the means any location, the statutes of the means any location, the statutes of the statutes or regulation. | About Environment following definitions any federal, statemers, wastes, or allations controlling facility, or proper | nental information nitions apply: e, or local statute or material into the air, ig the cleanup of the | regulation land, soil, se substan | concerning surface wate ces, wastes, | er, groundwater, or or material. | other me | edium, | \$ | |
| Number Street City Cit | About Environment of following definences, wastes, or alations controlling facility, or proper operate, or utilize | city nental information nitions apply: e, or local statute or material into the air, ag the cleanup of the ty as defined under a it, including disposa | regulation land, soil, se substan any environ il sites. | concerning surface wate ces, wastes, mental law, | er, groundwater, or or material. whether you now o | other me | edium, ate, or | | |
| Number Street City Cit | About Environment following definitions and the facility, or proper operate, or utilized anything an environment. | nental information sitions apply: e, or local statute or material into the air, ig the cleanup of the ty as defined under a it, including disposa | regulation land, soil, se substan any environ il sites. nes as a ha | concerning surface wate ces, wastes, mental law, | er, groundwater, or or material. whether you now o | other me | edium, ate, or | | |
| Number Street City City The purpose of Part 10, the | About Environment of following definitions any federal, statemers, wastes, or illations controlling facility, or proper operate, or utilizes anything an enviterial, pollutant, or | nental information itions apply: e, or local statute or material into the air, ig the cleanup of the ty as defined under a it, including disposa | regulation land, soil, se substan any environ il sites. nes as a ha lar term. | concerning surface wate ces, wastes, mental law, zardous was | er, groundwater, or or material. whether you now o | other me | edium, ate, or | \$ | |
| Number Street City The purpose of Part 10, the purpose of Part 10, the purpose of Part 10, the purpose of toxic substance and the purpose of toxic substance and the purpose of toxic substance and town, of the purpose of toxic substance and toxi | About Environment of following definences, wastes, or lations controlling facility, or proper operate, or utilized anything an enviterial, pollutant, cand proceedings | nental information itions apply: e, or local statute or material into the air, ig the cleanup of the ty as defined under a it, including disposa vironmental law definentaminant, or simil | regulation land, soil, se substan any environ il sites. nes as a ha lar term. | concerning surface wate ces, wastes, mental law, zardous was | er, groundwater, or or material. whether you now one of the hazardous substance occurred. | other me | edium, ate, or xic | | |
| City City The purpose of Part 10, the Environmental law means hazardous or toxic substaincluding statutes or regulations and to the means any location, the utilize it or used to own, of the means and the means ubstance, hazardous material means ubstance, hazardous material means port all notices, releases, and the control of the con | About Environment of following definences, wastes, or lations controlling facility, or proper operate, or utilized anything an enviterial, pollutant, cand proceedings | nental information itions apply: e, or local statute or material into the air, ig the cleanup of the ty as defined under a it, including disposa vironmental law definentaminant, or simil | regulation land, soil, se substan any environ il sites. nes as a ha lar term. | concerning surface wate ces, wastes, mental law, zardous was | er, groundwater, or or material. whether you now one of the hazardous substance occurred. | other me | edium, ate, or xic | \$ | |
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| _{tor 1} Josie A. Griffin | | Case number (if known) | |
|--------------------------------------|--|--|--|
| First Name Middle Name | Last Name | | |
| | | | |
| . Have you notified any governmental | unit of any release of hazardous mate | erial? | |
| ☑ No | | | |
| Yes. Fill in the details. | | 14. | 34 AZ 1 Z 2 Z 3 |
| | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | |
| Name of site | Governmental unit | · | |
| | | | A Company of the Comp |
| Number Street | Number Street | | |
| | City State ZIP Code | ····· | |
| | Oity Black 21 Over | | |
| City State ZIP C | Code | | and a second control of |
| Uses and book a party in any judicia | Lor administrative proceeding under | any environmental law? Include settlement | s and orders. |
| | to dumination of proceeding under | , | |
| No Yes. Fill in the details. | • | | |
| es. Fill in the details. | Court or agency | Nature of the case | Status of the |
| | Court of agency | | case |
| Case title | | no programme de la companya del companya de la companya del companya de la compan | Pending |
| | Court Name | | On appeal |
| | Number Street | | ☐ Concluded |
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| Case number | City State ZIP | Code | |
| | • | | |
| A sole proprietor or self-emp | enkruptcy, did you own a business of doyed in a trade, profession, or other by company (LLC) or limited liability pa | r have any of the following connections to a activity, either full-time or part-time artnership (LLP) | my ousmose. |
| An officer, director, or manage | ging executive of a corporation | | |
| An owner of at least 5% of th | ne voting or equity securities of a corp | oration | |
| No. None of the above applies. C | | | |
| Yes Check all that apply above | and fill in the details below for each b | usiness. | in the second |
| 100. Oxfoot an end apply and | Describe the nature of the busi | ness Employer Identification | |
| Business Name | | Do not include Social S | ecurity number of HIN. |
| pasiness (table | | EIN: | |
| Number Street | | | * * * * * * * * * * * * * * * * * * * |
| | Name of accountant or bookke | pper Dates business existed | **. |
| | | From To | |
| Ctoto 7/B | Code | | |
| City State ZIP | Describe the nature of the busi | ness Employer Identification | number |
| Ductional Name | | Do not include Social S | ecurity number or ITIN. |
| Business Name | | EIN: | |
| Number Street | | | |
| isminos de | Name of accountant or bookke | eper Dates business existed | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| Business Name Number Street Name of accountant or bookkeeper Dates business existed | e Middle Name Last Name | Case number (if known) | |
|---|--|--|---|
| Business Name Number Street Name of accountant or bookkeeper Dates business existed | | | |
| Name of accountant or bookkeeper Date business existed Date business existed | Desc | cribe the nature of the business Employer Identification number Do not include Social Security num | nber or ITIN. |
| Name of accountant or bookkeeper Date business existed | me | EIN: | |
| City State ZIP Code FromTo | reet Name | e of accountant or bookkeeper Dates business existed | |
| City State ZIP Code hin 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include titutions, creditors, or other parties. No Yes. Fill in the details below. Date issued Name MM7 DD/YYYY Number Street City State ZiP Code City State ZiP Code City State ZiP Code Language and the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjuinswers are true and correct. I understand that making a false statement, concealing property, or obtaining money or pure connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. SU.S.C. §§ 152, 1341, 15(3), and 3571. Signature of Debtor 2 Date Signature of D | : | | |
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| Name MM DD YYYY | editors, or other parties. | | |
| Number Street Number Street Number Street | Alice de Antholine la oficia | | |
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| Attach the Bankruptcy Petition Pre | th additional pages to Your Statemen | ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107 | 7)? |
| Declaration, and Signature (Official | th additional pages to Your Statemen | ent of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107 | |

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| Fill in this in | formation to i | dentify your case: | | |
|---------------------------------|----------------|---------------------------------|-----------|--|
| Debtor 1 | Josie A. | Griffin Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | |
| | | t for the: Northern District of | Illinois | |
| Case number (If known) | | | | |
| L | | <u></u> | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

| For any creditors that you listed in Part 1 of Schedule D: Credite information below. | ors Who Have Claims Secured by Property (Offici | al Form 106D), fill in the |
|---|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| Creditor's name: Pronto Prestamos | ☐ Surrender the property. ☐ Retain the property and redeem it. | ☑ No ☑ Yes |
| Description of Automobile property | Retain the property and enter into a Reaffirmation Agreement. | |
| securing debt: | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | ☐ No |
| name: | Retain the property and redeem it. | Yes |
| Description of property | Retain the property and enter into a Reaffirmation Agreement. | |
| securing debt: | Retain the property and [explain]: | |
| Creditor's | ☐ Surrender the property. | No |
| name: | Retain the property and redeem it. | Yes |
| Description of property | Retain the property and enter into a Reaffirmation Agreement. | |
| securing debt: | Retain the property and [explain]: | - |
| Creditor's | ☐ Surrender the property. | ☐ No |
| name: | Refain the property and redeem it. | Yes |
| Description of property | Retain the property and enter into a Reaffirmation Agreement. | |
| securing debt: | Retain the property and [explain]: | |
| | | and the second s |

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Document Page 75 of 75 Case number (If known) Griffin Josie Debtor 1 Last Name List Your Unexpired Personal Property Leases Part 2: For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Will the lease be assumed? Describe your unexpired personal property leases ☐ No Lessor's name: Abraham Jacobs Yes Description of leased Apartment Rental property: ☐ No Lessor's name: ☐ Yes Description of leased property: ☐ No Lessor's name: ☐ Yes Description of leased property: □ No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: ☐ No Lessor's name: Yes Description of leased property: O No Lessor's name: Yes Description of leased property: Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Signature of Debtor 1

Date

MM/

Signature of Debtor 2

Date _______

06 29 2018